

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 003001 HEALTH CARE TRUST FUND/AHCA

G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
CAT		
11100	CASH ON HAND	
000200	LICENSES	0.00
000300	TAXES	0.00
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	0.00
001800	REFUNDS	0.00
	** GL 11100 TOTAL	0.00
12100	UNRELEASED CASH IN STATE TREASURY	
000000	BALANCE BROUGHT FORWARD	123,518,377.54
12400	CASH IN STATE TREASURY UNVERIFIED	
000100	FEES	62,917.01
000119	FEES COLLECTED AS AGENT	17,133.75
000300	TAXES	616,782.00
001800	REFUNDS	520.01
001801	REIMBURSEMENTS	0.36-
001904	SALE OF GOODS OUTSIDE STATE GOVERNMENT	20.00
	** GL 12400 TOTAL	697,372.41
15100	ACCOUNTS RECEIVABLE	
000100	FEES	4,282,693.56
000300	TAXES	1,320,731.92
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	5,290,037.70
	** GL 15100 TOTAL	10,893,463.18
15900	ALLOWANCE FOR UNCOLLECTIBLES	
000100	FEES	2,925,670.90-
000300	TAXES	383,370.00-
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	4,048,040.47-
	** GL 15900 TOTAL	7,357,081.37-
16200	DUE FROM STATE FUNDS, WITHIN DEPART.	
001500	TRANSFERS	0.00
001520	TRANSFERS - SUBJECT TO SERVICE CHARGE	73,714.00
040000	EXPENSES	0.00
100777	CONTRACTED SERVICES	0.00
	** GL 16200 TOTAL	73,714.00
16300	DUE FROM OTHER DEPARTMENTS	
001500	TRANSFERS	50,772,538.04
001520	TRANSFERS - SUBJECT TO SERVICE CHARGE	182,145.00
001600	DISTRIBUTION-TRANSFERS REQUIRED BY LAW	1,597.76
	** GL 16300 TOTAL	50,956,280.80

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G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
CAT		
16400	DUE FROM FEDERAL GOVERNMENT	
000700	U S GRANTS	19,546,046.44
000750	FEDERAL ARRA GRANTS	0.00
	** GL 16400 TOTAL	19,546,046.44
17100	SUPPLY INVENTORY	
040000	EXPENSES	1,450.48
25700	ADVANCES TO OTHER FUNDS WITHIN DEPARTM	
000000	BALANCE BROUGHT FORWARD	15,000.00
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	0.00
040000	EXPENSES	0.00
040000	CF EXPENSES	26,985.38-
100777	CONTRACTED SERVICES	4,004.24
100777	CF CONTRACTED SERVICES	1,363,208.02-
105281	LEASE/PURCHASE/EQUIPMENT	0.00
105281	CF LEASE/PURCHASE/EQUIPMENT	2,270.48-
	** GL 31100 TOTAL	1,388,459.64-
31500	CURRENT INSURANCE LIABILITY	
101582	HOSPITAL INPATIENT SERVICE	0.00
101582	CF HOSPITAL INPATIENT SERVICE	36,767,114.69-
102233	NURSING HOME CARE	0.00
102233	CF NURSING HOME CARE	2,255,646.19-
102325	OTHER FEE FOR SERVICE	0.00
102325	CF OTHER FEE FOR SERVICE	2,154,436.60-
102542	PHYSICIAN/HCP SVCS	0.00
102542	CF PHYSICIAN/HCP SVCS	2,260,303.72-
102681	PRESCRIBED MEDICINE/DRUGS	0.00
102681	CF PRESCRIBED MEDICINE/DRUGS	2,258,391.94-
109911	G/A-CONTRAC SVCS-ARRA 2009	0.00
109911	CF G/A-CONTRAC SVCS-ARRA 2009	17,928,929.83-
	** GL 31500 TOTAL	63,624,822.97-
32100	ACCRUED SALARIES AND WAGES	
010000	SALARIES AND BENEFITS	0.00
010000	CF SALARIES AND BENEFITS	525,887.87-
030000	OTHER PERSONAL SERVICES	0.00
030000	CF OTHER PERSONAL SERVICES	32,219.67-
109910	STATE OPERATIONS-ARRA 2009	0.00
109910	CF STATE OPERATIONS-ARRA 2009	2,517.66-
	** GL 32100 TOTAL	560,625.20-

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
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G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
CAT		
35200	DUE TO STATE FUNDS, WITHIN DEPARTMENT	
040000	EXPENSES	0.00
040000	CF EXPENSES	8,654.53-
	** GL 35200 TOTAL	8,654.53-
35300	DUE TO OTHER DEPARTMENTS	
040000	EXPENSES	9,924.48-
040000	CF EXPENSES	0.00
100777	CONTRACTED SERVICES	654.64-
100777	CF CONTRACTED SERVICES	907.89-
181015	TR/DOH/CERT NURSING ASST	0.00
181019	TR/FDLE/LEVEL 2 SCREENING	577,349.75-
	** GL 35300 TOTAL	588,836.76-
35400	DUE TO FEDERAL GOVERNMENT	
000700	U S GRANTS	0.00
35600	DUE TO GENERAL REVENUE	
310322	SERVICE CHARGE TO GEN REV	1,172,114.39-
38600	CURRENT COMPENSATED ABSENCES LIABILITY	
010000	SALARIES AND BENEFITS	0.00
010000	CF SALARIES AND BENEFITS	83,478.68-
	** GL 38600 TOTAL	83,478.68-
47300	DEFERRED INFLOWS - UNAVAILABLE REVENUE	
000100	FEES	1,230,320.39-
000300	TAXES	247,717.99
000700	U S GRANTS	6,269,133.33-
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	1,117,797.51-
	** GL 47300 TOTAL	8,369,533.24-
54900	COMMITTED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	122,546,647.59-
55100	FUND BALANCE RESERVED FOR ENCUMBRANCES	
000000	BALANCE BROUGHT FORWARD	0.00
55900	OTHER FUND BALANCE RESERVED	
000100	FEES	0.00
56100	NONSPENDABLE - INVENTORIES AND PREPAID	
000000	BALANCE BROUGHT FORWARD	1,450.48-

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
20 2 003001 HEALTH CARE TRUST FUND/AHCA  
G-L G-L ACCOUNT NAME

CAT		BEGINNING BALANCE
94100	ENCUMBRANCES	
040000	CF EXPENSES	143,743.10
060000	CF OPERATING CAPITAL OUTLAY	0.01
100777	CF CONTRACTED SERVICES	572,463.93
105281	CF LEASE/PURCHASE/EQUIPMENT	11,413.92
109911	CF G/A-CONTRAC SVCS-ARRA 2009	1,927,925.45
181015	TR/DOH/CERT NURSING ASST	1,055,820.98
	** GL 94100 TOTAL	3,711,367.39
98100	BUDGETARY FND BAL RESERVED/ENCUMBRANCE	
040000	CF EXPENSES	143,743.10-
060000	CF OPERATING CAPITAL OUTLAY	0.01-
100777	CF CONTRACTED SERVICES	572,463.93-
105281	CF LEASE/PURCHASE/EQUIPMENT	11,413.92-
109911	CF G/A-CONTRAC SVCS-ARRA 2009	1,927,925.45-
181015	TR/DOH/CERT NURSING ASST	1,055,820.98-
	** GL 98100 TOTAL	3,711,367.39-
99100	BUDGETARY FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 021010 ADMINISTRATIVE TRUST FUND--AHCA

G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
CAT		
11100	CASH ON HAND	
001800	REFUNDS	0.00
12100	UNRELEASED CASH IN STATE TREASURY	
000000	BALANCE BROUGHT FORWARD	8,035,394.85
16200	DUE FROM STATE FUNDS, WITHIN DEPART.	
001800	REFUNDS	1,006.30
001801	REIMBURSEMENTS	11,249.50
040000	EXPENSES	0.00
100777	CONTRACTED SERVICES	0.00
	** GL 16200 TOTAL	12,255.80
16300	DUE FROM OTHER DEPARTMENTS	
001800	REFUNDS	10,109.04
001801	REIMBURSEMENTS	390.00
	** GL 16300 TOTAL	10,499.04
16400	DUE FROM FEDERAL GOVERNMENT	
000700	U S GRANTS	0.00
000799	U S GRANTS - INDIRECT	1,391,734.00
	** GL 16400 TOTAL	1,391,734.00
17100	SUPPLY INVENTORY	
040000	EXPENSES	40,445.94
31100	ACCOUNTS PAYABLE	
010000	SALARIES AND BENEFITS	0.00
040000	EXPENSES	0.00
040000	CF EXPENSES	73,193.99-
100777	CONTRACTED SERVICES	30.94
100777	CF CONTRACTED SERVICES	98,117.45-
105281	LEASE/PURCHASE/EQUIPMENT	0.00
105281	CF LEASE/PURCHASE/EQUIPMENT	5,931.53-
	** GL 31100 TOTAL	177,212.03-
32100	ACCRUED SALARIES AND WAGES	
010000	SALARIES AND BENEFITS	0.00
010000	CF SALARIES AND BENEFITS	168,776.13-
030000	OTHER PERSONAL SERVICES	0.00
030000	CF OTHER PERSONAL SERVICES	31,581.13-
	** GL 32100 TOTAL	200,357.26-

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 021010 ADMINISTRATIVE TRUST FUND--AHCA

G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
CAT		
35200	DUE TO STATE FUNDS, WITHIN DEPARTMENT	
040000	EXPENSES	0.00
040000	CF EXPENSES	1,562.75-
180200	TR/GENERAL REVENUE-SWCAP	0.00
181011	TR/AGY/PUB HLTH-SOC WLF AG	0.00
	** GL 35200 TOTAL	1,562.75-
35300	DUE TO OTHER DEPARTMENTS	
040000	EXPENSES	29,051.76-
040000	CF EXPENSES	1.75-
100777	CONTRACTED SERVICES	342.27-
100777	CF CONTRACTED SERVICES	1,838.00-
210004	DP ASSESSMENT (DMS)	212,971.00-
	** GL 35300 TOTAL	244,204.78-
35600	DUE TO GENERAL REVENUE	
310322	SERVICE CHARGE TO GEN REV	0.00
38600	CURRENT COMPENSATED ABSENCES LIABILITY	
010000	SALARIES AND BENEFITS	0.00
010000	CF SALARIES AND BENEFITS	7,998.36-
	** GL 38600 TOTAL	7,998.36-
54900	COMMITTED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	8,818,548.51-
56100	NONSPENDABLE - INVENTORIES AND PREPAID	
000000	BALANCE BROUGHT FORWARD	40,445.94-
94100	ENCUMBRANCES	
040000	CF EXPENSES	136,546.91
100777	CF CONTRACTED SERVICES	1,360,378.61
105281	CF LEASE/PURCHASE/EQUIPMENT	72,718.30
	** GL 94100 TOTAL	1,569,643.82
98100	BUDGETARY FND BAL RESERVED/ENCUMBRANCE	
040000	CF EXPENSES	136,546.91-
100777	CF CONTRACTED SERVICES	1,360,378.61-
105281	CF LEASE/PURCHASE/EQUIPMENT	72,718.30-
	** GL 98100 TOTAL	1,569,643.82-
99100	BUDGETARY FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 122018 AHCA TOBACCO SETTLEMENT TRUST FUND  
 G-L G-L ACCOUNT NAME

CAT		BEGINNING BALANCE
12100	UNRELEASED CASH IN STATE TREASURY	
000000	BALANCE BROUGHT FORWARD	0.00
31100	ACCOUNTS PAYABLE	
040000	EXPENSES	0.00
102342	CF CHILDRENS MED SVCS NETWORK	0.00
	** GL 31100 TOTAL	0.00
35200	DUE TO STATE FUNDS, WITHIN DEPARTMENT	
100784	G/A-CONTRACT SVCS-FHK ADMN	0.00
35300	DUE TO OTHER DEPARTMENTS	
102342	CF CHILDRENS MED SVCS NETWORK	0.00
54900	COMMITTED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	0.00
99100	BUDGETARY FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

680000 AGENCY FOR HEALTH CARE ADMINISTRATION

20 2 126001 QUALITY OF LONG-TERM CARE FACILITY IMPROVEMT TF

G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
CAT		
12100	UNRELEASED CASH IN STATE TREASURY	
000000	BALANCE BROUGHT FORWARD	32,938,534.05
31100	ACCOUNTS PAYABLE	
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	3,800.00-
105153	CORONAVIRUS (COVID-19) - PUBLIC ASSISTANCE	0.00
105153 CF	CORONAVIRUS (COVID-19) - PUBLIC ASSISTANCE	60,453.22-
	** GL 31100 TOTAL	64,253.22-
35600	DUE TO GENERAL REVENUE	
310322	SERVICE CHARGE TO GEN REV	0.00
54900	COMMITTED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	0.00
57200	RESTRICTED BY FEDERAL GOVERNMENT	
000000	BALANCE BROUGHT FORWARD	32,874,280.83-
57400	RESTRICTED BY ENABLING LEGISLATION	
000000	BALANCE BROUGHT FORWARD	0.00
94100	ENCUMBRANCES	
100777 CF	CONTRACTED SERVICES	106,497.50
105153 CF	CORONAVIRUS (COVID-19) - PUBLIC ASSISTANCE	703,970.19
181065	TRANS/HEALTH CARE TF-CIV MON PENALTIES	3,194.31
	** GL 94100 TOTAL	813,662.00
98100	BUDGETARY FND BAL RESERVED/ENCUMBRANCE	
100777 CF	CONTRACTED SERVICES	106,497.50-
105153 CF	CORONAVIRUS (COVID-19) - PUBLIC ASSISTANCE	703,970.19-
181065	TRANS/HEALTH CARE TF-CIV MON PENALTIES	3,194.31-
	** GL 98100 TOTAL	813,662.00-
99100	BUDGETARY FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00



680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 339094 GRANTS AND DONATION TRUST FUND DEA  
 G-L G-L ACCOUNT NAME

CAT		BEGINNING BALANCE
11100	CASH ON HAND	
000100	FEEs	0.00
001800	REFUNDS	0.00
	** GL 11100 TOTAL	0.00
12100	UNRELEASED CASH IN STATE TREASURY	
000000	BALANCE BROUGHT FORWARD	610,378,829.65
12400	CASH IN STATE TREASURY UNVERIFIED	
000100	FEEs	95,354.15
001800	REFUNDS	36,409,351.38
001801	REIMBURSEMENTS	2,149.25
	** GL 12400 TOTAL	36,506,854.78
15100	ACCOUNTS RECEIVABLE	
000100	FEEs	9,062,647.47
000300	TAXES	465,270.00
000500	INTEREST	1,428,678.91
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	8,074,324.34
001800	REFUNDS	295,341,693.04
	** GL 15100 TOTAL	314,372,613.76
15900	ALLOWANCE FOR UNCOLLECTIBLES	
000500	INTEREST	142,867.89-
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	196,615.20-
001800	REFUNDS	1,710,638.11-
	** GL 15900 TOTAL	2,050,121.20-
16200	DUE FROM STATE FUNDS, WITHIN DEPART.	
003105	CASH TRANSFER BETWEEN SAME FIDS	149,149.32
16300	DUE FROM OTHER DEPARTMENTS	
000100	FEEs	435,872.72
000300	TAXES	0.00
	** GL 16300 TOTAL	435,872.72
16400	DUE FROM FEDERAL GOVERNMENT	
000700	U S GRANTS	0.00
25400	OTHER LOANS AND NOTES RECEIVABLE	
001800	REFUNDS	1,437,434.48

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 339094 GRANTS AND DONATION TRUST FUND DEA  
 G-L G-L ACCOUNT NAME

CAT		BEGINNING BALANCE
25900	ALLOWANCE FOR UNCOLLECTIBLES	
001800	REFUNDS	143,743.45-
31100	ACCOUNTS PAYABLE	
100777	CONTRACTED SERVICES	0.00
100777 CF	CONTRACTED SERVICES	184,792.67-
102342 CF	CHILDRENS MED SVCS NETWORK	0.00
	** GL 31100 TOTAL	184,792.67-
31500	CURRENT INSURANCE LIABILITY	
101581	GRADUATE MEDICAL EDUCATION	0.00
101581 CF	GRADUATE MEDICAL EDUCATION	10,108,789.12-
101582	HOSPITAL INPATIENT SERVICE	0.00
101582 CF	HOSPITAL INPATIENT SERVICE	4,854,846.12-
101583	REGULAR DISPROP SHARE	0.00
101583 CF	REGULAR DISPROP SHARE	21,513,074.13-
101584	LOW INCOME POOL	0.00
101584 CF	LOW INCOME POOL	0.67-
101596	HOSPITAL OUTPATIENT SVCS	0.00
101596 CF	HOSPITAL OUTPATIENT SVCS	1,770,120.55-
101649	ICF/DD COMMUNITY	0.00
101649 CF	ICF/DD COMMUNITY	778,975.23-
102233	NURSING HOME CARE	0.00
102233 CF	NURSING HOME CARE	3,871,582.28-
102325	OTHER FEE FOR SERVICE	0.00
102325 CF	OTHER FEE FOR SERVICE	76,747.59-
102340	MEDIKIDS	0.00
102340 CF	MEDIKIDS	100.00-
102342	CHILDRENS MED SVCS NETWORK	0.00
102342 CF	CHILDRENS MED SVCS NETWORK	307,689.00-
102542	PHYSICIAN/HCP SVCS	0.00
102542 CF	PHYSICIAN/HCP SVCS	10,063,541.69-
102673	PREPAID HEALTH PLANS	0.00
102673 CF	PREPAID HEALTH PLANS	37,903,058.68-
102674	PREPAID PLAN/LONG TERM CARE	0.00
102674 CF	PREPAID PLAN/LONG TERM CARE	56,153,003.50-
102681	PRESCRIBED MEDICINE/DRUGS	0.00
102681 CF	PRESCRIBED MEDICINE/DRUGS	3,869,495.56-
	** GL 31500 TOTAL	151,271,024.12-
35200	DUE TO STATE FUNDS, WITHIN DEPARTMENT	
310405	CASH TRANSFER BETWEEN SAME FID-DEPT USE ONL	149,149.32-

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 339094 GRANTS AND DONATION TRUST FUND DEA  
 G-L G-L ACCOUNT NAME

CAT		BEGINNING BALANCE
35300	DUE TO OTHER DEPARTMENTS	
102340	MEDIKIDS	0.00
102342	CHILDRENS MED SVCS NETWORK	0.00
102342	CF CHILDRENS MED SVCS NETWORK	0.00
181012	TR/DOH/CMSN SPECIALTY PLAN	4,402,079.96-
	** GL 35300 TOTAL	4,402,079.96-
35400	DUE TO FEDERAL GOVERNMENT	
220030	REFUND NONSTATE REVENUES	187,312,643.53-
47300	DEFERRED INFLOWS - UNAVAILABLE REVENUE	
000100	FEEs	9,062,647.47-
000300	TAXES	465,270.00-
000500	INTEREST	1,285,811.02-
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	7,877,709.14-
001800	REFUNDS	17,582,460.26-
	** GL 47300 TOTAL	36,273,897.89-
48800	UNEARNED REVENUE - LONG TERM	
000100	FEEs	0.00
54900	COMMITTED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	505,485,347.96-
57200	RESTRICTED BY FEDERAL GOVERNMENT	
000000	BALANCE BROUGHT FORWARD	8,533,106.82-
57400	RESTRICTED BY ENABLING LEGISLATION	
000000	BALANCE BROUGHT FORWARD	67,474,847.79-
94100	ENCUMBRANCES	
100777	CF CONTRACTED SERVICES	797,974.06
102342	CF CHILDRENS MED SVCS NETWORK	79,140.00
	** GL 94100 TOTAL	877,114.06
98100	BUDGETARY FND BAL RESERVED/ENCUMBRANCE	
100777	CF CONTRACTED SERVICES	797,974.06-
102342	CF CHILDRENS MED SVCS NETWORK	79,140.00-
	** GL 98100 TOTAL	877,114.06-
99100	BUDGETARY FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 474001 MEDICAL CARE TRUST FUND AHCA

G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
11100	CASH ON HAND	
001800	REFUNDS	0.00
12100	UNRELEASED CASH IN STATE TREASURY	
000000	BALANCE BROUGHT FORWARD	80,226,366.76
12400	CASH IN STATE TREASURY UNVERIFIED	
000500	INTEREST	4,412,356.74
001800	REFUNDS	181,726.39
101554	HOME & COMMUNITY BASED SVC	376,475.85
	** GL 12400 TOTAL	4,970,558.98
14300	SPECIAL INVESTMENTS W/STATE TREASURY	
000000	BALANCE BROUGHT FORWARD	4,801,886.77
15100	ACCOUNTS RECEIVABLE	
000000	BALANCE BROUGHT FORWARD	0.00
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	29,715.72
001800	REFUNDS	65,129,160.48
100031	G/A-FL HEALTHY KIDS CORP	0.00
100031	CF G/A-FL HEALTHY KIDS CORP	3,549,967.20
100784	G/A-CONTRACT SVCS-FHK ADMN	0.00
100784	CF G/A-CONTRACT SVCS-FHK ADMN	351,770.53
102336	G/A FLORIDA HEALTHY KIDS DENTAL	0.00
102336	CF G/A FLORIDA HEALTHY KIDS DENTAL	510,619.27
102673	PREPAID HEALTH PLANS	199,252,192.13
	** GL 15100 TOTAL	268,823,425.33
15300	INTEREST AND DIVIDENDS RECEIVABLE	
000000	BALANCE BROUGHT FORWARD	186,052.40
15900	ALLOWANCE FOR UNCOLLECTIBLES	
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	2,831.57-
001800	REFUNDS	6,291,638.95-
102673	PREPAID HEALTH PLANS	9,962,609.61-
	** GL 15900 TOTAL	16,257,080.13-
16200	DUE FROM STATE FUNDS, WITHIN DEPART.	
102673	PREPAID HEALTH PLANS	0.00
16300	DUE FROM OTHER DEPARTMENTS	
000000	BALANCE BROUGHT FORWARD	0.00
001000	STATE GRANTS	71,308,341.87
001500	TRANSFERS	5,807,271.69
	** GL 16300 TOTAL	77,115,613.56

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 474001 MEDICAL CARE TRUST FUND AHCA

G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
CAT		
16400	DUE FROM FEDERAL GOVERNMENT	
000700	U S GRANTS	831,259,352.96
17100	SUPPLY INVENTORY	
101582	HOSPITAL INPATIENT SERVICE	2,960.51
25400	OTHER LOANS AND NOTES RECEIVABLE	
001800	REFUNDS	2,220,787.72
25900	ALLOWANCE FOR UNCOLLECTIBLES	
001800	REFUNDS	222,078.77-
31100	ACCOUNTS PAYABLE	
000000	BALANCE BROUGHT FORWARD	8,222,266.20-
010000	SALARIES AND BENEFITS	0.00
040000	EXPENSES	0.00
040000	CF EXPENSES	2,621.72-
100693	CONT NRSNG HOME AUD PRG	0.00
100693	CF CONT NRSNG HOME AUD PRG	279,236.59-
100777	CONTRACTED SERVICES	0.00
100777	CF CONTRACTED SERVICES	6,883,973.64-
102085	FL HEALTH CARE CONNECTION	0.00
102085	CF FL HEALTH CARE CONNECTION	8,678,764.81-
102086	MEDICAID FISCAL CONTRACT	0.00
102086	CF MEDICAID FISCAL CONTRACT	5,624,154.01-
102093	MEDICAID PEER REVIEW	0.00
102093	CF MEDICAID PEER REVIEW	580,868.00-
105281	LEASE/PURCHASE/EQUIPMENT	0.00
105281	CF LEASE/PURCHASE/EQUIPMENT	2,522.43-
310018	DIST OF DONATE ORG-PASS IT ON LIC PLATE FUN	0.00
	** GL 31100 TOTAL	30,274,407.40-
31500	CURRENT INSURANCE LIABILITY	
100311	CASE MANAGEMENT	0.00
100311	CF CASE MANAGEMENT	4,855.82-
100602	ASSISTIVE CARE SERVICES	0.00
100602	CF ASSISTIVE CARE SERVICES	327,004.94-
100616	COMMUNITY MENTAL HEALTH SV	0.00
100616	CF COMMUNITY MENTAL HEALTH SV	10,322,028.24-
100919	DEVEL EVAL & INTERV/PART C	0.00
100919	CF DEVEL EVAL & INTERV/PART C	52,813.29-
101405	HEALTHY START SERVICES	0.00
101405	CF HEALTHY START SERVICES	6,074,295.01-
101554	HOME & COMMUNITY BASED SVC	0.00
101554	CF HOME & COMMUNITY BASED SVC	107,151,245.02-

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 474001 MEDICAL CARE TRUST FUND AHCA  
 G-L G-L ACCOUNT NAME

CAT		BEGINNING BALANCE
101581	GRADUATE MEDICAL EDUCATION	0.00
101581	CF GRADUATE MEDICAL EDUCATION	4,266,374.27-
101582	HOSPITAL INPATIENT SERVICE	0.00
101582	CF HOSPITAL INPATIENT SERVICE	88,277,745.59-
101583	REGULAR DISPROP SHARE	0.00
101583	CF REGULAR DISPROP SHARE	721,941.87-
101589	HOSPITAL INSURANCE BENEFIT	0.00
101589	CF HOSPITAL INSURANCE BENEFIT	19,619,276.30-
101596	HOSPITAL OUTPATIENT SVCS	0.00
101596	CF HOSPITAL OUTPATIENT SVCS	24,983,003.51-
101644	ICF/ID - SUNLAND CENTER	0.00
101644	CF ICF/ID - SUNLAND CENTER	6,548,021.48-
101649	ICF/DD COMMUNITY	0.00
101649	CF ICF/DD COMMUNITY	5,730,917.31-
102233	NURSING HOME CARE	0.00
102233	CF NURSING HOME CARE	12,665,286.27-
102340	MEDIKIDS	0.00
102340	CF MEDIKIDS	3,614,205.54-
102538	PERSONAL CARE SERVICES	0.00
102538	CF PERSONAL CARE SERVICES	5,621,885.30-
102542	PHYSICIAN/HCP SVCS	0.00
102542	CF PHYSICIAN/HCP SVCS	33,202,026.55-
102673	PREPAID HEALTH PLANS	1,170,370.56-
102673	CF PREPAID HEALTH PLANS	145,331,650.22-
102674	PREPAID PLAN/LONG TERM CARE	0.00
102674	CF PREPAID PLAN/LONG TERM CARE	106,972,732.42-
102681	PRESCRIBED MEDICINE/DRUGS	0.00
102681	CF PRESCRIBED MEDICINE/DRUGS	2,121,753.98-
103556	ST MENTAL HEALTH HOSP PRG	0.00
103556	CF ST MENTAL HEALTH HOSP PRG	2,588,584.60-
103560	STW INPATIENT PSYCH SVCS	0.00
103560	CF STW INPATIENT PSYCH SVCS	206,314.89-
103724	SUPPLEMENTAL MEDICAL INS	0.00
103724	CF SUPPLEMENTAL MEDICAL INS	31,951,573.99-
105445	MEDICAID SCHOOL REFINANCE	0.00
105445	CF MEDICAID SCHOOL REFINANCE	40,696,570.45-
109971	PROG CARE FOR THE ELDERLY	0.00
109971	CF PROG CARE FOR THE ELDERLY	699,424.22-
	** GL 31500 TOTAL	660,921,901.64-
32100	ACCRUED SALARIES AND WAGES	
010000	SALARIES AND BENEFITS	0.00
010000	CF SALARIES AND BENEFITS	462,459.64-
030000	OTHER PERSONAL SERVICES	0.00
030000	CF OTHER PERSONAL SERVICES	52,385.24-
	** GL 32100 TOTAL	514,844.88-

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 474001 MEDICAL CARE TRUST FUND AHCA

G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
CAT		
35200	DUE TO STATE FUNDS, WITHIN DEPARTMENT	
040000	EXPENSES	0.00
040000	CF EXPENSES	1,194.55-
103559	MNTL HLTH HOSP DISPR SHARE	0.00
181067	TR/HCTF/BSC/COST ALLOC	73,714.00-
	** GL 35200 TOTAL	74,908.55-
35300	DUE TO OTHER DEPARTMENTS	
000000	BALANCE BROUGHT FORWARD	17,936.85
040000	EXPENSES	11,102.96-
100777	CONTRACTED SERVICES	11.48-
100777	CF CONTRACTED SERVICES	1,430.99-
102342	CHILDRENS MED SVCS NETWORK	11,970,746.54-
102342	CF CHILDRENS MED SVCS NETWORK	13,044,043.82-
103559	MNTL HLTH HOSP DISPR SHARE	0.00
181011	TR/AGY/PUB HLTH-SOC WLF AG	21,557,861.85-
181012	TR/DOH/CMSN SPECIALTY PLAN	38,276,577.14-
181353	TR/ACHA/CMS-FEDERAL MATCH	898,509.75-
	** GL 35300 TOTAL	85,742,347.68-
35400	DUE TO FEDERAL GOVERNMENT	
220030	REFUND NONSTATE REVENUES	0.00
35500	DUE TO OTHER GOVERNMENTAL UNITS	
100777	CONTRACTED SERVICES	0.00
100777	CF CONTRACTED SERVICES	1,010,746.60-
	** GL 35500 TOTAL	1,010,746.60-
35700	DUE TO COMPONENT UNIT/PRIMARY	
100031	G/A-FL HEALTHY KIDS CORP	0.00
100031	CF G/A-FL HEALTHY KIDS CORP	3,549,966.93-
100777	CONTRACTED SERVICES	0.00
100777	CF CONTRACTED SERVICES	666,525.00-
100784	G/A-CONTRACT SVCS-FHK ADMN	0.00
100784	CF G/A-CONTRACT SVCS-FHK ADMN	351,770.54-
102336	G/A FLORIDA HEALTHY KIDS DENTAL	0.00
102336	CF G/A FLORIDA HEALTHY KIDS DENTAL	510,619.27-
	** GL 35700 TOTAL	5,078,881.74-
38600	CURRENT COMPENSATED ABSENCES LIABILITY	
010000	SALARIES AND BENEFITS	0.00
010000	CF SALARIES AND BENEFITS	35,337.57-
	** GL 38600 TOTAL	35,337.57-

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 474001 MEDICAL CARE TRUST FUND AHCA

G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
47300	DEFERRED INFLOWS - UNAVAILABLE REVENUE	
000700	U S GRANTS	282,628,180.00-
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	26,884.15-
001800	REFUNDS	59,960,539.49-
	** GL 47300 TOTAL	342,615,603.64-
54900	COMMITTED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	126,855,905.88-
56100	NONSPENDABLE - INVENTORIES AND PREPAID	
000000	BALANCE BROUGHT FORWARD	2,960.51-
94100	ENCUMBRANCES	
040000	EXPENSES	5.11
040000	CF EXPENSES	157,075.43
100693	CF CONT NRSNG HOME AUD PRG	283.16
100777	CONTRACTED SERVICES	1,048,191.73
100777	CF CONTRACTED SERVICES	3,068,396.21
102085	FL HEALTH CARE CONNECTION	1,788,810.12
102085	CF FL HEALTH CARE CONNECTION	1,027,261.40
102086	CF MEDICAID FISCAL CONTRACT	16,082.64
102093	CF MEDICAID PEER REVIEW	8,837.50
102342	CF CHILDRENS MED SVCS NETWORK	252,864.13
105281	CF LEASE/PURCHASE/EQUIPMENT	31,656.89
181011	TR/AGY/PUB HLTH-SOC WLF AG	4,276,667.44
181012	TR/DOH/CMSN SPECIALTY PLAN	9,925,919.11
181353	TR/ACHA/CMS-FEDERAL MATCH	811,098.18
	** GL 94100 TOTAL	22,413,149.05
98100	BUDGETARY FND BAL RESERVED/ENCUMBRANCE	
040000	EXPENSES	5.11-
040000	CF EXPENSES	157,075.43-
100693	CF CONT NRSNG HOME AUD PRG	283.16-
100777	CONTRACTED SERVICES	1,048,191.73-
100777	CF CONTRACTED SERVICES	3,068,396.21-
102085	FL HEALTH CARE CONNECTION	1,788,810.12-
102085	CF FL HEALTH CARE CONNECTION	1,027,261.40-
102086	CF MEDICAID FISCAL CONTRACT	16,082.64-
102093	CF MEDICAID PEER REVIEW	8,837.50-
102342	CF CHILDRENS MED SVCS NETWORK	252,864.13-
105281	CF LEASE/PURCHASE/EQUIPMENT	31,656.89-
181011	TR/AGY/PUB HLTH-SOC WLF AG	4,276,667.44-
181012	TR/DOH/CMSN SPECIALTY PLAN	9,925,919.11-
181353	TR/ACHA/CMS-FEDERAL MATCH	811,098.18-
	** GL 98100 TOTAL	22,413,149.05-



BGTRBAL-10 AS OF 07/01/20

68000000000  
BEGINNING TRIAL BALANCE BY FUND  
JULY 01, 2020

DATE RUN 08/12/20  
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680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
20 2 474001 MEDICAL CARE TRUST FUND AHCA  
G-L G-L ACCOUNT NAME

CAT	BEGINNING BALANCE
99100 BUDGETARY FUND BALANCE	
000000 BALANCE BROUGHT FORWARD	0.00
*** FUND TOTAL	0.00

680000 AGENCY FOR HEALTH CARE ADMINISTRATION

20 2 565006 PUBLIC MEDICAL ASSISTANCE TRUST FUND AHCA

G-L	G-L ACCOUNT NAME	BEGINNING BALANCE
CAT		
11100	CASH ON HAND	
000300	TAXES	0.00
12100	UNRELEASED CASH IN STATE TREASURY	
000000	BALANCE BROUGHT FORWARD	129,318,163.39
12400	CASH IN STATE TREASURY UNVERIFIED	
000300	TAXES	22,372,492.00
15100	ACCOUNTS RECEIVABLE	
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	0.00
15900	ALLOWANCE FOR UNCOLLECTIBLES	
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	0.00
16300	DUE FROM OTHER DEPARTMENTS	
001500	TRANSFERS	4,864,826.97
31500	CURRENT INSURANCE LIABILITY	
101582	HOSPITAL INPATIENT SERVICE	0.00
101582	CF HOSPITAL INPATIENT SERVICE	11,628,403.74-
101596	HOSPITAL OUTPATIENT SVCS	0.00
101596	CF HOSPITAL OUTPATIENT SVCS	8,553,921.87-
102673	PREPAID HEALTH PLANS	0.00
102673	CF PREPAID HEALTH PLANS	24,100,417.04-
	** GL 31500 TOTAL	44,282,742.65-
47300	DEFERRED INFLOWS - UNAVAILABLE REVENUE	
001200	FINES, FORFEITURES, JUDGEMENTS, AND PENALTI	0.00
54900	COMMITTED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	112,272,739.71-
99100	BUDGETARY FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

680000 AGENCY FOR HEALTH CARE ADMINISTRATION  
 20 2 579001 REFUGEE ASSISTANCE TRUST FUND C&F, & AHCA  
 G-L G-L ACCOUNT NAME

		BEGINNING BALANCE
12100	UNRELEASED CASH IN STATE TREASURY	
000000	BALANCE BROUGHT FORWARD	2,625,945.75
16300	DUE FROM OTHER DEPARTMENTS	
001510	TRANSFER OF FEDERAL FUNDS	5,799,526.58
31500	CURRENT INSURANCE LIABILITY	
101596	HOSPITAL OUTPATIENT SVCS	0.00
101596	CF HOSPITAL OUTPATIENT SVCS	26,066.81-
102325	OTHER FEE FOR SERVICE	0.00
102325	CF OTHER FEE FOR SERVICE	197,375.36-
102542	PHYSICIAN/HCP SVCS	0.00
102542	CF PHYSICIAN/HCP SVCS	88,168.73-
102673	PREPAID HEALTH PLANS	0.00
102673	CF PREPAID HEALTH PLANS	3,509,372.18-
	** GL 31500 TOTAL	3,820,983.08-
35200	DUE TO STATE FUNDS, WITHIN DEPARTMENT	
102673	PREPAID HEALTH PLANS	0.00
102673	CF PREPAID HEALTH PLANS	0.00
	** GL 35200 TOTAL	0.00
54900	COMMITTED FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	4,604,489.25-
99100	BUDGETARY FUND BALANCE	
000000	BALANCE BROUGHT FORWARD	0.00
	*** FUND TOTAL	0.00

# Florida Agency for Health Care Administration

## *Schedule I Series*



Ron DeSantis, Governor

**Fund: 2003 Health Care Trust Fund**

The Health Care Trust Fund (HCTF) primarily funds the activities associated with the regulatory functions of

**Revenue:**

Total Revenue for Fiscal Year 2019-2020	851,591,953	
<b>Gross Revenue</b>		851,591,953
<b>Less Revenue Exemptions</b>		
Federal Funds and Distribution/Transfer from DHSMV:		
ARRA	27,246,015	
CLIA	1,013,855	
Title XVIII	10,209,693	
Title XIX	4,451,629	
Title XIX Indirect	3,358,278	
Fees Collected as Agent	3,300,000	
Distribution/Transfer from DHSMV	0	
Transfer from DBPR (Cigarette taxes)	744,200,000	
Total Federal Funds		793,779,470
General Revenue Service Charge 8%		4,624,999
Non-Operating Transfers:		
DOH Cert Nursing Asst.	105,160	
DOH Local Health Council	1,270,463	
Transfer to Administrative Trust Fund	11,847,016	
Total Nonoperating Transfers		13,222,639
<b>Total Revenue Non-Federal</b>		57,812,483
<b>Total Revenue Subject to 5% Reserve</b>		39,964,845
<b>Total 5% Reserve for Health Care Trust Fund</b>		<b>1,998,242</b>

**Section III Adjustments Narrative:**

**Budget Entity 68700700**

SWFS adjustment - \$21,749 - #B6800010	
SWFS adjustment - \$(409,026) - #B6800004 Deferred Inflows	
Prior Year accrual adjustment (\$39,504,021) - To adjust unreserved fund balance to reflect the proper budgetary fund balance.	(39,504,021.00)
Prior Year accrual adjustment \$5,652 - To adjust unreserved fund balance to reflect the proper budgetary fund balance.	5,652.00
Prior Year Encumbrances not reserved in Fund Balance (A01) \$(2,053,792) - To offset prior year adjustment to unreserved fund balance for certified encumbrances to reflect the proper budgetary fund balance.	(2,053,792.00)

**Revenue Estimating Methodology Narrative:**

This trust fund is funded by regulatory fees and fines, federal grants, facility assessment fees, and Cigarette Surcharge funds transferred from the Department of Business and Professional Regulation.

Revenues pertaining to regulatory fees and fines are estimated based upon an average of historical collections.

Revenues pertaining to facility assessment fees are imposed on hospitals and nursing homes in accordance with s. 408.20, F.S.

The Revenue Estimating Conference met on August 2020 concerning Tobacco Tax and Surcharge revenues. The conference consented to distribute \$744.2 million in Fiscal Year 2020-2021 and \$739.8 million in Fiscal Year 2021-2022 to this trust fund to support estimated Medicaid Services expenditures in the Hospice, Physician Services, Prepaid Health Plan, and Prescribed Medicine/Drugs categories. The Social Services Estimating Conference for Medicaid Services forecasts the cost of the Medicaid program. The estimated costs for caseload growth, utilization, Federal Medical Assistance Percentage (FMAP), and inflation were projected based upon historical trends and methodologies. The last Medicaid Estimating Conference was held on August 06, 2020 and that forecast will remain in effect until the next consensus conference convenes.

**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I**

**Agency For Health Care Administration**

List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the categories used for both the transfer in and the transfer out, and the amount of the transfer for each of the fiscal years indicated, as well as the name of the person at the other agency who confirmed the amount of the transfer and the date of the confirmation. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :** Health Care Trust Fund - 2003

<b>Transfers In</b> <i>(Provide Agency and Fund Number Received From)</i>	<b>Transfer In Revenue Category</b>	<b>Amount</b>			<b>Transfer Out Expenditure Category</b>	<b>Confirmed By/Date</b>
		<b>FY 19-20 (A01)</b>	<b>FY 20-21 (A02)</b>	<b>FY 21-22 (A03)</b>		
64-50-2-352001-64400100 Department of Health	68700700 001520	191,661.00	206,297.00	139,141.00	181067	Marsha Holton 10/08/2020
60-20-2-516015-60900101 Department of Children & Families	68700700 001520	346,559.00	257,378.00	224,614.00	181067	Diane Sunday 10/9/20

<b>Transfers Out (Operating and Non-Operating)</b> <i>(Provide Agency and Fund Number Transferred To)</i>	<b>Transfer Out Expenditure Category</b>	<b>Amount</b>			<b>Transfer In Revenue Category</b>	<b>Confirmed By/Date</b>
		<b>FY 19-20 (A01)</b>	<b>FY 20-21 (A02)</b>	<b>FY 21-22 (A03)</b>		
64-20-245001-64200100 Department of Health	68501400 181010	25,000,000.00	25,000,000.00	25,000,000.00	001500	Marsha Holton 10/08/2020
64-20-2-141001- Department of Health	68700700 109911	645,715.50	0.00	0.00	001510	Marsha Holton 10/08/2020
64-20-339060-64200800 Department of Health	68700700 181009	1,100,882.12	1,513,640.00	1,513,640.00	001500	Marsha Holton 10/05/2020
64-50-2-352001-64400100 Department of Health-64-50-2-352001	68700700 181015	68,974.82	0.00	0.00	001510	Marsha Holton (less than \$100K)

**SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS**

**Department:** 68 Health Care Administration      **Budget Period:** 2021-22  
**Program:** 68700700 Health Care Regulation  
**Fund:** 2003 Health Care Trust Fund

**Specific Authority:** Various Sections of the following Chapters 112, 383, 390, 394, 395, 400, 440, 483, 641, 765, F.S.

**Purpose of Fees Collected:** The fees are necessary to enable the Agency to administer its regulatory responsibilities

Type of Fee or Program: (Check ONE Box and answer questions as indicated.)

<b>X</b>	Regulatory services or oversight to businesses or professions. (Complete Sections I, II, and III and attach <b>Examination of Regulatory Fees Form - Part I and II.</b> )
	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

<u>SECTION I - FEE COLLECTION</u>	<u>ACTUAL</u>	<u>ESTIMATED</u>	<u>REQUEST</u>
	<u>FY 2019 - 20</u>	<u>FY 2020 -21</u>	<u>FY 2021 - 22</u>
<u>Receipts:</u>			
<u>Abortion Clinic</u>	16,139	13,662	13,894
<u>Adult Day Care Family (ADC)</u>	34,009	28,790	29,278
<u>Adult Family Care Home (AFCH)</u>	36,615	30,997	31,522
<u>Amb. Surgical Center</u>	357,717	302,826	307,952
<u>Assist Living Facility (ALF)</u>	4,514,672	3,821,903	3,886,599
<u>Birth Center</u>	11,870	10,048	10,218
<u>Crisis Stabilization Units</u>	117,244	99,253	100,933
<u>Forsenic Lab</u>	131,480	111,305	113,189
<u>HCC Exemptions</u>	202,275	171,236	174,135
<u>Health Care Clinics</u>	2,828,465	2,394,441	2,434,974
<u>Homemaker &amp; Companion Svcs.</u>	80,851	68,445	69,603
<u>Health Care Services Pool</u>	182,588	154,570	157,187
<u>Home Health Agency Exemption</u>	9,350	7,915	8,049
<u>Home Health Agency</u>	2,134,865	1,807,273	1,837,866
<u>Home Medical Equipment</u>	213,983	181,148	184,214
<u>Hospice</u>	34,279	29,019	29,510
<u>Hospital</u>	755,768	639,797	650,627
<u>ICF/DD</u>	436,063	369,150	375,399
<u>Managed Care</u>	44,000	37,248	37,879
<u>Multiphasic Center</u>	68,324	57,840	58,819
<u>Nurse Registry</u>	783,475	663,252	674,479
<u>Nursing Home</u>	5,346,723	4,526,276	4,602,895

<u>Organ &amp; Tissue Donor</u>	28,590	24,203	24,613	
<u>PPECS</u>	92,378	78,203	79,527	
<u>Residential Treatment</u>	215,533	182,460	185,549	
<u>Residential Treatment for Children</u>	67,102	56,805	57,767	
<u>Transitional Living Facility</u>	60,718	51,401	52,271	
<b>Total Fee Collection to Line (A) - Section III</b>	<b>18,805,076</b>	<b>15,919,466</b>	<b>16,188,948</b>	
<b><u>SECTION II - FULL COSTS</u></b>				
<b>Direct Costs:</b>				
Salaries and Benefits				
Other Personal Services				
Expenses				
Operating Capital Outlay				
<u>Direct Cost Allocation</u>	49,150,050	51,751,457	51,481,978	
Indirect Costs Charged to Trust Fund	26,957,512	22,519,135	22,249,656	
<b>Total Full Costs to Line (B) - Section III</b>	<b>76,107,562</b>	<b>74,270,592</b>	<b>73,731,634</b>	
Basis Used: _____				
_____				
<b><u>SECTION III - SUMMARY</u></b>				
TOTAL SECTION I	(A)	18,805,076	15,919,466	16,188,948
TOTAL SECTION II	(B)	76,107,562	74,270,592	73,731,634
<b>TOTAL - Surplus/Deficit</b>	(C)	<b>(57,302,486)</b>	<b>(58,351,126)</b>	<b>(57,542,686)</b>
<b><u>EXPLANATION of LINE C:</u></b>				
The deficits are covered by 408.20 F.S. Assessments, Health Care Trust Fund				
_____				
_____				



## Schedule IA - Part I: Examination of Regulatory Fees

**Department:** Agency for Health Care Administration

**Regulatory Service to or Oversight of Businesses or Professions Program:** Health Care Facilities

1. What recent operational efficiencies have been achieved to either decrease costs or improve services? If costs have been reduced, how much money has been saved during the fiscal year?

**Response:** N/A

2. What additional operational efficiencies are planned? What are the estimated savings associated with these efficiencies during the next fiscal year?

**Response:** The Agency is adding initial applications to its online licensing system. Currently only renewal and change applications are eligible. Based on our current experience online applications are processed anywhere from 4 to 10 days faster than paper applications saving providers time and administrative expense. In addition, online licensing will be required for renewal applications expanding the efficiency to roughly 40% of renewal applicants who currently do not renew online.

3. Is the regulatory activity an appropriate function that the agency should continue at its current level?

**Response:** Yes. Licensure of health care providers and facilities is required by Florida Statutes and serves to protect the health, safety and welfare of the patients, residents and clients receiving services in settings regulated by the Agency. These are complex health care services often provided to vulnerable populations.

4. Are the fees charged for the regulatory service or oversight to businesses or professions based on revenue projections that are prepared using generally accepted governmental accounting procedures or official estimates by the Revenue Estimating Conference, if applicable?

**Response:** Most fees are established in Florida Statutes with the ability to adjust by the Consumer Price Index (CPI) if fees do not pay program costs. Some fees are established in the regulatory programs' administrative rules. Pursuant to s. 408.805, F.S., license fees must be reasonably calculated by the Agency to cover

costs of carrying out regulatory responsibilities under authorizing statutes and applicable rules, including the cost of licensure, inspection, and regulation of providers.

5. Are the fees charged for the regulatory service or oversight to businesses or professions adequate to cover both direct and indirect costs of providing the regulatory service or oversight?

**Response:** No. Not all fees cover the total licensure expense, which includes application processing, assistance to applicants and consumers, and the on-site inspection activity required in statute. However, most fees may be increased annually by the CPI for those programs that do not fully pay their costs per s. 408.805, F.S.

6. Are the fees charged for the regulatory service or oversight to businesses or professions reasonable and do they take into account differences between the types of professions or businesses that are regulated? For example, do fees reflect the amount of time required to conduct inspections by using a sliding scale for annual fees based on the size of the regulated business; or do fees provide a financial incentive for regulated entities to maintain compliance with state standards by assessing a re-inspection fee if violations are found at initial inspection?

**Response:** Most fees take into account the size of the provider for those with licensed beds (a per-bed fee is assessed in addition to a base licensure fee in most cases). However, some fee exemptions exist that do not equitably address size including the exemption from per bed fees for assisted living facilities that serve residents on Optional State Supplementation. In some instances, the capped amounts in the Florida Statutes are too low to cover the costs, such as the \$50.75 fee for homemaker companion services and the \$1,218 fee for a hospice license that includes all branch locations and inpatient facilities.

There are some fees that are only imposed when the Agency has taken extra regulatory actions such as follow-up surveys. These fees are capped in statute and are only collected through legal action.

7. If the fees charged for the regulatory services or oversight to businesses or professions are **not** adequate to cover direct and indirect program costs provide either:
  - a) information regarding alternatives for realigning revenues or costs to make the regulatory service or program totally self-sufficient, including any statutory changes that are necessary to implement the alternative; or
  - b) demonstrate that the service or program provides substantial benefits to the public which justify a partial subsidy from other state funds, specifically describing the benefits to the general public (statements such as 'providing

consumer benefits' or 'promoting health, safety and welfare' are not sufficient justification). For example, the program produces a range of benefits to the general public, including pollution reduction, wildlife preservation, and improved drinking water supply. Alternatively, the agency can demonstrate that requiring self-sufficiency would put the regulated entity at an unfair advantage. For example, raising fees sufficiently to cover program costs would require so high an assessment as to damage its competitive position with similar entities in other states.

**Response:** Regulation of health care facilities is critical to the health, welfare and safety of patients. Although some fees do not fully cover regulatory costs at the provider level, overall, revenues in the Health Care Trust Fund are sufficient to cover the aggregate cost of Agency regulation.

8. If the regulatory program is not self-sufficient and provides a public benefit using state subsidization, please provide a plan for reducing the state subsidy.

**Response:** Aggregate revenues in the Health Care Trust Fund are sufficient to cover Agency regulatory costs.

## Schedule IA - Part II: Examination of Regulatory Fees

Department: **Agency for Health Care Administration**

Regulatory Service to or Oversight of Business or Profession Program: Health Care Regulation

Does Florida Statutes require the regulatory program to be financially self-sufficient? (Yes or No and F.S.): Yes. 408.805, F.S. effective 10/1/06

What percent of the regulatory cost is currently subsidized? (0 to 100%)

If the program is subsidized from other state funds, what is the source(s)? **Section 408.20, F.S. Assessments, Health Care Trust Fund**

What is the current annual amount of the subsidy? \$

Service/Product Regulated	Specific Fee Title	Statutory Authority for Fee	Maximum Fee Authorized (cap)	Year of Last Statutory Revision to Fee	Is Fee Set by Rule? (Yes or No)	Current Fee Assessed	Fund Fee Deposited in (indicate General Revenue or Specific Trust Fund)
<b>Abortion Clinics</b>	Licensure Fee	s. 390.014, F.S.	None	2016	Yes	\$550.50	Health Care Trust Fund
<b>Abortion Referral or Counseling Agency</b>	Registration Fee	s. 390.025(3)	None	2016	Yes	\$200.00	Health Care Trust Fund
<b>Adult Day Care Centers</b>	Licensure Fee	s. 429.907(3), F.S.	\$150.00	Prior to 1997	Yes	\$172.55	Health Care Trust Fund
<b>Adult Family Care Homes</b>	Licensure Fee	s. 429.67(3), F.S.	\$200.00	Prior to 1997	No	\$226.34	Health Care Trust Fund
<b>Ambulatory Surgical Centers</b>	Licensure Fee	s. 395.004, F.S.	None	Prior to 1997	Yes	\$1,679.82	Health Care Trust Fund
	Licensure/Validation Inspection Fee	s. 395.0161, F.S.	None	Prior to 1997	Yes	\$400.00	Health Care Trust Fund
	Life Safety Inspection Fee	s. 395.0161, F.S.	None	Prior to 1997	Yes	\$40.00	Health Care Trust Fund
<b>Assisted Living Facilities</b>							
Standard ALF	Licensure Fee	s. 429.07(4)(a), F.S.	\$300 + \$50 per bed (Maximum \$10,000)	2001	No	\$387.73 + \$64.96 per bed fee (Maximum \$14,253.64)	Health Care Trust Fund
Extended Congrate Care ALF	Licensure Fee	s. 429.07(4)(b), F.S.	Additional \$400 + \$10 per bed fee	2001	No	Additional \$546.07 + \$10.15 per bed fee	Health Care Trust Fund
Limited Nursing Service ALF	Licensure Fee	s. 429.07(4)(c), F.S.	Additional \$250 + \$10 per bed fee	2001	No	Additional \$322.77 + \$10.15 per bed fee	Health Care Trust Fund

**Note: Clinical Labs and HC Risk Managers were repealed effective 7/1/18.  
 Multiphasic Health Testing Centers were repealed effective 7/1/20.**

Schedule IA - Part II Examination of Regulatory Fees.xlsx

<b>Birth Centers</b>	Licensure Fee	s. 383.305, F.S.	None	N/A	Yes	\$392.80	Health Care Trust Fund
	Licensure/Validation Survey Fee	s. 383.324, F.S.	None	N/A	Yes	\$250.00	Health Care Trust Fund
	Life Safety Survey Fee	s. 383.324, F.S.	None	N/A	Yes	\$250.00	Health Care Trust Fund
<b>Certificate of Need</b>	Batch Application Fee	s. 408.038, F.S.	\$50,000.00	2004	Yes	Minimum of \$10,000 + 0.015% of total project costs	Health Care Trust Fund
	Expedited Application Fee	s. 408.038, F.S.	\$50,000.00	2004	Yes	Minimum of \$10,000 + 0.015% of total project costs	Health Care Trust Fund
	Exemption Fee	s. 408.036(4), F.S.	\$250.00	Prior to 1997	No	\$250.00	Health Care Trust Fund
<b>Crisis Stabilization Units &amp; Short Term Residential Treatment Facilities</b>	Licensure Fee	s. 394.877, F.S.	None	N/A	Yes	\$197.92 per bed	Health Care Trust Fund
<b>Drug Free Workplace Laboratories</b>	Licensure Fee	s. 112.0455(17), F.S.	\$20,000.00	Prior to 1997	Yes	\$16,435.00	Health Care Trust Fund
<b>Exclusive Provider Organizations</b>	Annual Assessment	s. 627.6472(14), FS	0.1% Annual Premiums Collected	Prior to 1997	No	0.00003381828% 2019 Annual Premiums Collected	Health Care Trust Fund
<b>Eye Banks</b>	Application Fee	s. 765.544(1)(a), F.S.	\$500.00	Prior to 1997	No	\$500 initial/ CHOW	Health Care Trust Fund
	Annual Assessment Fee	s. 765.544(1)(b), F.S.	\$35,000.00	Prior to 1997	No	The greater of \$500 or 0.25% total annual revenues	Health Care Trust Fund
<b>Health Care Clinics</b>	Licensure Fee	s. 400.9925	\$2,000.00	2003	Yes	\$2,000.00	Health Care Trust Fund
	Exemption Fee	s. 400.9935(6)	\$100.00	2004	Yes	\$100.00	Health Care Trust Fund
<b>Health Care Service Pools (Temporary staff provided to health care facilities)</b>	Registration Fee	s. 400.980(2), F.S.	None	N/A	Yes	\$616.00	Health Care Trust Fund

**Note: Clinical Labs and HC Risk Managers were repealed effective 7/1/18.  
 Multiphasic Health Testing Centers were repealed effective 7/1/20.**

Schedule IA - Part II Examination of Regulatory Fees.xlsx

<b>Health Maintenance Organizations</b>	Initial Application Fee	s. 641.49(3)(t), F.S.	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
	Application Renewal Fee	s. 641.495(2), F.S.	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
	Biennial Renewal Fee	s. 408.033(2)(a), F.S.	\$300.00	Prior to 1997	Yes	\$300.00	Health Care Trust Fund
	Annual Regulatory Assessment	s. 641.58(1), F.S.	0.1% Annual Premiums Collected	Prior to 1997	No	0.00003381828% 2019 Annual Premiums Collected	Health Care Trust Fund
<b>Home Health Agencies</b>	License Fee	s. 400.471(5), FS	\$2,000.00	2005	Yes	\$1,705.00	Health Care Trust Fund
	Renewal Fee	s. 400.471(5), FS	\$2,000.00	2005	Yes	\$1,705.00	Health Care Trust Fund
	Exemption Fee	s. 400.464(6), FS	\$100.00	2018	Yes	\$100.00	Health Care Trust Fund
<b>Home Medical Equipment Providers</b>	Licensure Fee	s. 400.931(5), F.S.	\$300.00	1999	Yes	\$304.50	Health Care Trust Fund
	Survey/Inspection Fee (80% Exempt)	s. 400.931(6), F.S.	\$400.00	1999	Yes	\$400.00	Health Care Trust Fund
<b>Homemaker &amp; Companion Services Providers</b>	Registration Fee	s. 400.509(3), F.S.	\$50.00	2007 (Biennial fee)	No	\$50.75	Health Care Trust Fund
<b>Homes for Special Services</b>	Licensure Fee	s. 400.801(3), F.S.	\$2,000.00	Prior to 1997	No	\$87.29 per bed Maximum fee of \$1,114.47	Health Care Trust Fund
<b>Hospice Services</b>	Licensure Fee	s. 400.605(2), F.S.	\$1,200.00	2007 (Biennial fee)	Yes	\$1,218.00	Health Care Trust Fund
<b>Hospitals</b>	Licensure Fee	s. 395.004, F.S.	\$30 per bed	Prior to 1997	Yes	\$31.46 Per Bed - Minimum \$1565.13	Health Care Trust Fund
	Life Safety Inspections	s. 395.0161, F.S.	\$1.50 per bed	Prior to 1997	Yes	\$1.50 per bed Minimum \$40	Health Care Trust Fund
	Licensure/Validation Survey Fee	s. 395.0161, F.S.	\$12 per bed	Prior to 1997	Yes	\$12 Per Bed Minimum \$400	Health Care Trust Fund

**Note: Clinical Labs and HC Risk Managers were repealed effective 7/1/18.  
Multiphasic Health Testing Centers were repealed effective 7/1/20.**

Schedule IA - Part II Examination of Regulatory Fees.xlsx

<b>Intermediate Care Facilities for the Developmentally Disabled</b>	Licensure Fee	s. 400.962(3), F.S.	None	2007	Yes	\$262.88 per bed	Health Care Trust Fund
<b>Multiphasic Health Testing Centers (Repealed 7-1-20)</b>	Licensure Fee	<del>s. 483.291(2), F.S.</del> (Repealed 7/1/20 - Ch 2020-156, Laws of Florida)	\$2,000.00	Prior to 1997	Yes	\$652.64	Health Care Trust Fund
<b>Nurse Registries</b>	Licensure Fee	s. 400.506(3), F.S.	\$2,000.00	2005	Yes	\$2,000.00	Health Care Trust Fund
<b>Nursing Homes (Skilled Nursing Facilities)</b>	Licensure Fee	s. 400.062(3), F.S.	\$112.50 per community bed, \$100.50 if a sheltered bed	2007	Yes	\$112.50 per community bed, \$100.50 if a sheltered bed	Health Care Trust Fund
	Resident Protection Fee	s. 400.062(3), F.S.	\$.50 per bed	2007	Yes	\$.50 per bed	Health Care Trust Fund
	Data Assessment Fee	s. 408.20, F.S.	\$20 per bed	Amount not in Statute	Yes	\$12 per bed	Health Care Trust Fund
	Additional survey fee	s. 400.19(3), F.S.	\$6,000.00	2001	No	\$6,000.00	Health Care Trust Fund
<b>Organ Procurement Organizations</b>	Application Fee	s. 765.544(1)(a), F.S.	\$1,000.00	Prior to 1997	No	\$1,000 initial/ CHOW	Health Care Trust Fund
	Annual Assessment Fee	s. 765.544(1)(b), F.S.	\$35,000.00	Prior to 1997	No	The greater of \$1,000 or 0.25% total annual revenues	Health Care Trust Fund
<b>Prepaid Health Clinics</b>	Initial Application Fee	s. 641.49(3)(t), F.S.	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
	Application Renewal Fee	s. 641.495(2), F.S.	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
	Biennial Renewal Fee	s. 408.033(2)(a), F.S.	\$300.00	Prior to 1997	Yes	\$300.00	Health Care Trust Fund
	Annual Regulatory Assessment	s. 641.58(1), F.S.	0.1% Annual Premiums Collected	Prior to 1997	No	0.00003381828% 2019 Annual Premiums Collected	Health Care Trust Fund

**Note: Clinical Labs and HC Risk Managers were repealed effective 7/1/18.  
 Multiphasic Health Testing Centers were repealed effective 7/1/20.**

Schedule IA - Part II Examination of Regulatory Fees.xlsx

<b>Prescribed Pediatric Extended Care Centers</b>	Licensure Fee	s. 400.905(2), F.S.	\$3,000.00	2007	Yes	\$1,512.35	Health Care Trust Fund
<b>Residential Treatment Facilities</b>	Licensure Fee	s. 394.877, F.S.	None	N/A	Yes	\$191.83 per bed	Health Care Trust Fund
<b>Residential Treatment Centers for Children and Adolescents</b>	Licensure Fee	s. 394.877, F.S.	None	N/A	Yes	\$240 per bed	Health Care Trust Fund
<b>Tissue Banks</b>	Application Fee	s. 765.544(1)(a), F.S.	\$1,000.00	Prior to 1997	No	\$1,000 initial/ CHOW	Health Care Trust Fund
	Annual Assessment Fee	s. 765.544(1)(b), F.S.	\$35,000.00	Prior to 1997	No	The greater of \$1,000 or 0.25% total annual revenues	Health Care Trust Fund
<b>Transitional Living Facilities</b>	License Fee	s. 400.9972(2), F.S.	None	2007	Yes	\$4,588 + \$90 per bed	Health Care Trust Fund
<b>Workers' Comp Managed Care Arrangements</b>	Initial Application Fee	s. 440.134(2), FS	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
	Biennial Renewal Fee	s. 440.134(2), FS	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund

**Note: Clinical Labs and HC Risk Managers were repealed effective 7/1/18.  
Multiphasic Health Testing Centers were repealed effective 7/1/20.**



## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

**Budget Period: 2021 - 2022**

<b>Department Title:</b>	Agency For Health Care Administration
<b>Trust Fund Title:</b>	Health Care Trust Fund
<b>Budget Entity:</b>	Departmental
<b>LAS/PBS Fund Number:</b>	2003

	Balance as of 6/30/2020	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	123,518,377.54 (A)		123,518,377.54
ADD: Other Cash (See Instructions)	697,372.41 (B)		697,372.41
ADD: Investments			0.00
ADD: Outstanding Accounts Receivable	81,469,504.42 (D)	21,749.25	81,491,253.67
ADD: _____			0.00
<b>Total Cash plus Accounts Receivable</b>	<b>205,685,254.37 (F)</b>	<b>21,749.25</b>	<b>205,707,003.62</b>
LESS: Allowances for Uncollectibles	7,357,081.37 (G)		7,357,081.37
LESS: Approved "A" Certified Forwards	65,670,953.15 (H)		65,670,953.15
Approved "B" Certified Forwards	2,662,309.95 (H)		2,662,309.95
Approved "FCO" Certified Forwards			0.00
LESS: Other Accounts Payable (Nonoperating)	1,749,464.14 (I)		1,749,464.14
LESS: BE TNFR FROM 68501400	(434,489,625.00) (J)		(434,489,625.00)
LESS: BE TNFR TO 68501500	434,489,625.00 (J)		434,489,625.00
LESS: Deferred Inflows	8,369,533.24 (J)	409,026.00	8,778,559.24
<b>Unreserved Fund Balance, 07/01/20</b>	<b>119,875,912.52 (K)</b>	<b>(387,276.75)</b>	<b>119,488,635.77 **</b>

**Notes:**

\*SWFS = Statewide Financial Statement

\*\* This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2021 - 2022**

<b>Department Title:</b>	<u>Agency For Health Care Administration</u>
<b>Trust Fund Title:</b>	<u>Health Care Administration</u>
<b>LAS/PBS Fund Number:</b>	<u>2003</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/20**

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<b>122,548,098.07</b>	(A)
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<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	<b>(1,450.48)</b>	(B)
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**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description	<b>21,749.25</b>	(C)
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SWFS Adjustment # and Description	<b>(409,026.00)</b>	(C)
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**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<b>(2,662,309.95)</b>	(D)
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Approved FCO Certified Forward per LAS/PBS		(D)
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A/P not C/F-Operating Categories	<b>6,574.88</b>	(D)
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Advance From Other Funds	<b>(15,000.00)</b>	(D)
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BE TNFR FROM 68501400	<b>(434,489,625.00)</b>	(D)
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BE TNFR TO 68501500	<b>434,489,625.00</b>	(D)
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<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<b>119,488,635.77</b>	(E)
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<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<b>119,488,635.77</b>	(F)
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<b>DIFFERENCE:</b>	<b>0.00</b>	(G)*
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**\*SHOULD EQUAL ZERO.**

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2021 - 2022**

**Department Title:** Agency For Health Care Administration  
**Trust Fund Title:** Health Care Administration  
**LAS/PBS Fund Number:** 2003

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/20**

Total all GLC's 5XXXX for governmental funds; 122,548,098.07 (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)** (1,450.48) (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description 21,749.25 (C)

SWFS Adjustment # and Description (409,026.00) (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (2,662,309.95) (D)

Approved FCO Certified Forward per LAS/PBS  (D)

A/P not C/F-Operating Categories 6,574.88 (D)

Advance From Other Funds (15,000.00) (D)

BE TNFR FROM 68501400 (434,489,625.00) (D)

BE TNFR TO 68501500 434,489,625.00 (D)

**ADJUSTED BEGINNING TRIAL BALANCE:** 119,488,635.77 (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)** 119,488,635.77 (F)

**DIFFERENCE:** 0.00 (G)\*

**\*SHOULD EQUAL ZERO.**

## Fund: 2021 Administrative Trust Fund

Per the Schedule I instructions, the Administrative Trust Fund is exempt from the 5 percent reserve computations.

### Section III Adjustments Narrative:

Prior Year Encumbrances not reserved in fund balance (A01) - \$(1,199,408) - For certified encumbrances to reflect the proper budgetary fund balance.	\$(1,199,408)
Prior Year A/P Not CF - Operating Category (A01) – (\$212,971) - To adjust unreserved fund balance to reflect the proper budgetary fund balance.	(\$212,971)
Prior Year Accrual Adjustments (A01) - \$7,366 - To account for a Prior Year Accrual entry recorded in departmental financial records.	\$7,366

### Revenue Estimating Methodology Narrative:

The expenditures posted in the Administrative Trust Fund are associated with the administrative functions of the Agency. Those functions include: delivering logistical support services such as planning and budgeting, finance and accounting, general counsel, internal audit, legislative affairs and human resources. These expenditures are primarily funded by indirect cost earnings and assessments imposed on the following three (3) business areas:

- The Division of Health Quality Assurance (HQA);
- The Division of Medicaid (less the federal draws); and
- The Florida Center for Health Information and Policy Analysis (Florida Center).

The methodology for funding the Administrative Cost Pool is based upon the Agency's full-time equivalent (FTE) count. Each program is charged its pro-rata share after adjustments are made for expenditures directly attributable to other specific funding sources. Other funding sources include federal administrative draws, fraud and abuse recoupments, and General Revenue Funds.

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2021 - 2022**

<b>Department Title:</b>	<u>Agency for Health Care Administration</u>
<b>Trust Fund Title:</b>	<u>Administrative Trust Fund</u>
<b>LAS/PBS Fund Number:</b>	<u>2021</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/20**

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="8,858,994.45"/> (A)
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<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	<input type="text" value="(40,445.94)"/> (B)
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**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description	<input type="text"/> (C)
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SWFS Adjustment # and Description	<input type="text"/> (C)
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**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text" value="(1,569,643.82)"/> (D)
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Approved FCO Certified Forward per LAS/PBS	<input type="text"/> (D)
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A/P not C/F-Operating Categories	<input type="text" value="29,365.09"/> (D)
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<input type="text"/>	(D)
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<input type="text"/>	(D)
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<input type="text"/>	(D)
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<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<input type="text" value="7,278,269.78"/> (E)
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<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<input type="text" value="7,278,269.78"/> (F)
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<b>DIFFERENCE:</b>	<input type="text" value="0.00"/> (G)*
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**\*SHOULD EQUAL ZERO.**

# SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

**Budget Period: 2021 - 2022**

**Department Title:**

Agency for Health Care Administration

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**Trust Fund Title:**

Administrative Trust Fund

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**Budget Entity:**

Departmental

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**LAS/PBS Fund Number:**

2021

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	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	8,035,394.85	(A)		8,035,394.85
ADD: Other Cash (See Instructions)		(B)		-
ADD: Investments		(C)		-
ADD: Outstanding Accounts Receivable	1,414,488.84	(D)		1,414,488.84
ADD: _____		(E)		-
<b>Total Cash plus Accounts Receivable</b>	<b>9,449,883.69</b>	(F)	-	<b>9,449,883.69</b>
LESS Allowances for Uncollectibles		(G)		-
LESS Approved "A" Certified Forwards	601,970.09	(H)		601,970.09
Approved "B" Certified Forwards	1,569,643.82	(H)		1,569,643.82
Approved "FCO" Certified Forwards		(H)		-
LESS: Other Accounts Payable (Nonoperating)		(I)		-
LESS: _SWFS #B6800001_____		(J)		-
<b>Unreserved Fund Balance, 07/01/20</b>	<b>7,278,269.78</b>	(K)	-	<b>7,278,269.78</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

\*\* This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2021 - 2022**

**Department Title:**

Agency for Health Care Administration

**Trust Fund Title:**

Administrative Trust Fund

**LAS/PBS Fund Number:**

2021

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/20**

Total all GLC's 5XXXX for governmental funds; 8,858,994.45 (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)** (40,445.94) (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description  (C)

SWFS Adjustment # and Description  (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (1,569,643.82) (D)

Approved FCO Certified Forward per LAS/PBS  (D)

A/P not C/F-Operating Categories 29,365.09 (D)

(D)

(D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:** 7,278,269.78 (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)** 7,278,269.78 (F)

**DIFFERENCE:** 0.00 (G)\*

**\*SHOULD EQUAL ZERO.**

## **Fund: 2122 Tobacco Settlement Trust Fund**

The Tobacco Settlement Trust Fund (TSTF) has no revenue that is subject to the 5 percent reserve.

### **Section III Adjustments Narrative:**

No adjustments were made to the Tobacco Settlement Trust Fund in Fiscal Year 2019-2020.

### **Revenue Estimating Methodology Narrative:**

Revenue is based on the Tobacco Settlement Trust Fund Financial Outlook Statement. The last conference was held on August 6, 2020 and that forecast will remain in effect until the next consensus conference convenes.



**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I  
Agency For Health Care Administration**

List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the categories used for both the transfer in and the transfer out, and the amount of the transfer for each of the fiscal years indicated, as well as the name of the person at the other agency who confirmed the amount of the transfer and the date of the confirmation. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :**

Tobacco Settlement Trust Fund - 2122

<b>Transfers In</b> <small>(Provide Agency and Fund Number Received From)</small>	<b>Transfer In Revenue Category</b>	<b>Amount FY 19-20 (A01)</b>	<b>Amount FY 20-21 (A02)</b>	<b>Amount FY 21-22 (A03)</b>	<b>Transfer Out Expenditure Category</b>	<b>Confirmed By/Date</b>
68501400 Department of Financial Services - 2123	001510	269,108,002.00	331,900,000.00	271,600,000.00	181049	Sarah Goodman 10/10/2020

  

<b>Transfers Out (Operating and Non-Operating)</b> <small>(Provide Agency and Fund Number Transferred To)</small>	<b>Transfer Out Expenditure Category</b>	<b>Amount FY 19-20 (A01)</b>	<b>Amount FY 20-21 (A02)</b>	<b>Amount FY 21-22 (A03)</b>	<b>Transfer In Revenue Category</b>	<b>Confirmed By/Date</b>

# SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

**Budget Period: 2021 - 2022**

<b>Department Title:</b>	Agency for Health Care Administration
<b>Trust Fund Title:</b>	Tobacco Settlement Trust Fund
<b>Budget Entity:</b>	Departmental
<b>LAS/PBS Fund Number:</b>	2122

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	0	(A)		0
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____		(E)		0
<b>Total Cash plus Accounts Receivable</b>	<b>0</b>	(F)	<b>0</b>	<b>0</b>
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards		(H)		0
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
<b>Unreserved Fund Balance, 07/01/20</b>	<b>0</b>	(K)	<b>0</b>	<b>0</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

\*\* This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2021 - 2022**

**Department Title:** Agency for Health Care Administration  
**Trust Fund Title:** Tobacco Settlement Trust Fund  
**LAS/PBS Fund Number:** 2122

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/20**

Total all GLC's 5XXXX for governmental funds;  (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)**  (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description  (C)

SWFS Adjustment # and Description  (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS  (D)

Approved FCO Certified Forward per LAS/PBS  (D)

A/P not C/F-Operating Categories  (D)

(D)

(D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:**  (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)**  (F)

**DIFFERENCE:**  (G)\*

**\*SHOULD EQUAL ZERO.**

## **Fund: 2126 Quality of Long Term Care Facility Improvement Trust Fund**

The Quality of Long Term Care Facility Improvement Trust Fund (QLTCTF) was created to support activities and programs directly related to the improvement of the care of nursing home and assisted living facility (ALF) residents. The QLTCTF is funded through proceeds generated pursuant to ss. 400.0238 and 429.298, F.S.; through funds specifically appropriated by the Legislature; through gifts, endowments, and other charitable contributions allowed under federal and state law; and through federal nursing home civil monetary penalties collected by the federal Centers for Medicare and Medicaid Services (CMS) and returned to the state. The civil monetary penalties returned to the state from CMS are federal funds and must be utilized in accordance with federal requirements.

The QLTCTF is exempt from the service charge to General Revenue since all of the revenue receipts deposited into it are federal funds. Per the Schedule I instructions, no revenue is subject to the 5 percent reserve.

### **Section III Adjustments Narrative:**

PY Encumbrances not reserved in fund balance (A01) – (\$271,840) – For certified encumbrances to reflect the proper budgetary fund balances.	(\$271,840)
PY Accrual Adjustment for Anticipated Revenues (A01) \$9 - To adjust unreserved fund balance to reflect the proper budgetary fund balance.	\$9

### **Revenue Estimating Methodology Narrative:**

Calculations are based on an average of five years of actual collections.

## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

**Budget Period: 2021 - 2022**

<b>Department Title:</b>	Agency for Health Care Administration
<b>Trust Fund Title:</b>	Quality of Long Term Care Facility Improvement Trust Fund
<b>Budget Entity:</b>	Health Care Regulation (68700700)
<b>LAS/PBS Fund Number:</b>	2126

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	32,938,534.05	(A)		32,938,534.05
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: _____		(E)		0.00
<b>Total Cash plus Accounts Receivable</b>	<b>32,938,534.05</b>	(F)	<b>0.00</b>	<b>32,938,534.05</b>
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	64,253.22	(H)		64,253.22
Approved "B" Certified Forwards	810,467.69	(H)		810,467.69
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
<b>Unreserved Fund Balance, 07/01/20</b>	<b>32,063,813.14</b>	(K)	<b>0.00</b>	<b>32,063,813.14</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

\*\* This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2021 - 2022**

<b>Department Title:</b>	<u>Agency for Health Care Administration</u>
<b>Trust Fund Title:</b>	<u>Quality of Long Term Care</u>
<b>LAS/PBS Fund Number:</b>	<u>2126</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/20**

Total all GLC's 5XXXX for governmental funds;	<input type="text" value="32,874,280.83"/>	(A)
GLC 539XX for proprietary and fiduciary funds		

<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	<input type="text"/>	(B)
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**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description	<input type="text"/>	(C)
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SWFS Adjustment # and Description	<input type="text"/>	(C)
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**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text" value="(810,467.69)"/>	(D)
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Approved FCO Certified Forward per LAS/PBS	<input type="text"/>	(D)
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A/P not C/F-Operating Categories	<input type="text"/>	(D)
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<input type="text"/>	(D)
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<input type="text"/>	(D)
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<input type="text"/>	(D)
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<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<input type="text" value="32,063,813.14"/>	(E)
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<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<input type="text" value="32,063,813.14"/>	(F)
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<b>DIFFERENCE:</b>	<input type="text" value="0.00"/>	(G)*
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**\*SHOULD EQUAL ZERO.**

**Fund: 2339 Grants and Donations Trust Fund**

The Grants and Donations Trust Fund (GDTF) supports the activities associated with allowable grant or donor agreement activities and to support the activities associated with administering the Children's Special Health Care, drug rebate, quality assessment, nursing home lease bond, and Medicaid fraud and abuse recoupment programs. This trust fund has revenue subject to the 5 percent reserve. The Agency's 5 percent calculation is presented below.

**Revenue:**

Total Revenue for FY 19-20	\$ 3,258,965,688	
<b>Gross Revenue</b>		\$ 3,258,965,688
<b>Less Revenue Exemptions</b>		
Family Premiums Healthy Kids	\$ 22,773,506	
County Contributions (DSH)	\$ 860,411,929	
Drug Rebates - Federal	\$ 1,233,860,000	
Drug Rebates - State	\$ 666,140,000	
Transfer from DOH	\$ 400,000	
Transfer to MCTF	\$ 8,462,344	
Transfer to ATF	\$ 1,955,296	
Nursing Home Quality Assessment	\$ 444,436,972	
Lease Bond Assessment	\$ -	
Quality Assessment ICF/DD	\$ 16,627,715	
Total Revenue Exempt:		\$ 3,255,067,762
<b>Total Revenue Exemptions</b>		\$ 3,255,067,762
<b>Total Revenue Subject to 5% Reserve</b>		\$ 3,897,926
<b>Total 5% reserve for Grants and Donations Trust Fund</b>		\$ <b>194,896</b>

**Section III Adjustments Narrative:**

**Budget Entity 68500100**

PY Accrual Adjustment for Anticipated Revenues (A01) (\$5,272,325) - To adjust unreserved fund balance to reflect the proper budgetary fund balance. \$ (5,272,325)

**Budget Entity 68500200**

PY Encumbrances not reserved in Fund Balance (A01) \$(840,563) - To offset prior year adjustment to unreserved fund balance for certified encumbrances to reflect the proper budgetary fund balance. \$ (840,563)

**Budget Entity 68501400**

Unavailable Revenue/Long Term - (\$1,293,691) \$ (1,293,691)

Drug Rebate Financial Reclass-DRUGR - (A01) \$1,705,348,883 - Based on SWFS Guidance and Audit Review, all Revenue record in OCA DRUGR (Category 001800) will be reclassified in the Agency's accounting records from GL 61800 to GL 71100 to offset the cost (expenditures) of prescribed drugs purchased in FY 19-20, with the exception of the AR booked. The AR will not be reclassified because the revenue is not collected as of 06/30/20. \$ 1,705,348,883

PY Accrual Adjustment for Anticipated Revenues (A01) (\$88,061,113) - To adjust unreserved fund balance to reflect the proper budgetary fund balance. \$ (88,061,113)

**Budget Entity 68501500**

PY Accrual Adjustment for Anticipated Revenues (A01) (\$2,685,373) - To adjust unreserved fund \$ (2,685,373)

**Revenue Estimating Methodology Narrative:**

This trust fund is funded by pharmaceutical rebates; Medicaid fraud and abuse recoupments and fines; quality assessment

fees; collection of premiums; contributions from the state, counties, local governments, public entities, taxing districts; and leasehold licensee fees.

The Social Services Estimating Conference (SSEC) for Medicaid Services forecasts the cost of the Medicaid program. The estimated costs for caseload growth, utilization, Federal Medical Assistance Percentage (FMAP), and inflation are projected based upon historical trends and methodologies. The last Medicaid Estimating Conference was held on August 6, 2020 and that forecast will remain in effect until the next consensus conference convenes.

Revenues pertaining to family premiums for Florida Healthy Kids Corporation consists of monthly premiums collected for Healthy Kids, Medikids, and the Title XXI CMS Plan through the Children's Health Insurance Program (CHIP) central processing activities.

Revenues pertaining pharmacy rebates and Medicaid fraud and abuse recoupments and fines are estimated based upon an average of historical collections.

Revenues pertaining to the leasehold license fees and collection of said fees are in accordance with s. 400.179(2), F.S.

Currently, Intergovernmental Transfers (IGTs) are used to fund hospital exemptions and buybacks for fee-for-service. Calculations for each counties' Medicaid hospital exemptions and buyback needs are based upon the current state share of 0.3853 for Fiscal Year 2020-2021 and 0.3832 for Fiscal Year 2021-2022 to determine the value of IGTs needed. Qualifying entities enter into a letter of agreement with the Agency to secure the state share of matching funds required to fund the levels of exemptions and buybacks established in the General Appropriations Act (GAA).

Quality assessment fees are imposed in accordance with ss. 409.9082 (2) and 409.9083 (2), F.S. Assessments are calculated monthly on a per-resident-day basis excluding Medicare resident days. The Agency can impose a fine up to \$1,000 per day for each delinquent payment, not to exceed the amount of the assessment.



**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I**

**Agency For Health Care Administration**

List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the categories used for both the transfer in and the transfer out, and the amount of the transfer for each of the fiscal years indicated, as well as the name of the person at the other agency who confirmed the amount of the transfer and the date of the confirmation. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :** Grants and Donations Trust Fund - 2339

<b>Transfers In</b> <i>(Provide Agency and Fund Number Received From)</i>	<b>Transfer In Revenue Category</b>	<b>Amount FY 19-20 (A01)</b>	<b>Amount FY 20-21 (A02)</b>	<b>Amount FY 21-22 (A03)</b>	<b>Transfer Out Expenditure Category</b>	<b>Confirmed By/Date</b>

<b>Transfers Out (Operating and Non-Operating)</b> <i>(Provide Agency and Fund Number Transferred To)</i>	<b>Transfer Out Expenditure Category</b>	<b>Amount FY 19-20 (A01)</b>	<b>Amount FY 20-21 (A02)</b>	<b>Amount FY 21-22 (A03)</b>	<b>Transfer In Revenue Category</b>	<b>Confirmed By/Date</b>
20-2-168001 Department of Health	181012	4,402,079.96	0.00	0.00	001500	Marsha Holton 10/08/2020
20-2-168001-64300100 Department of Health	102342	1,410,860.00	1,716,970.00	1,888,459.00	001500	Marsha Holton 10/08/2020

# SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

**Budget Period: 2021 - 2022**

**Department Title:**

Agency for Health Care Administration

**Trust Fund Title:**

Grants and Donations Trust Fund

**Budget Entity:**

Departmental

**LAS/PBS Fund Number:**

2339

	Balance as of 6/30/2020	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	610,378,829.65	(A)	610,378,829.65
ADD: Other Cash (See Instructions)	36,506,854.78	(B)	36,506,854.78
ADD: Investments		(C)	-
ADD: Outstanding Accounts Receivable	314,957,635.80	(D)	314,957,635.80
ADD:		(E)	-
<b>Total Cash plus Accounts Receivable</b>	<b>961,843,320.23</b>	(F)	<b>961,843,320.23</b>
LESS: Allowances for Uncollectibles	2,050,121.20	(G)	2,050,121.20
LESS: Approved "A" Certified Forwards	151,455,816.79	(H)	151,455,816.79
Approved "B" Certified Forwards	877,114.06	(H)	877,114.06
Approved "FCO" Certified Forwards		(H)	-
LESS: Other Accounts Payable (Nonoperating)	191,863,872.81	(I)	191,863,872.81
LESS: TNFR BE to 68501400	(457,895.45)	(J)	(457,895.45)
LESS: TNFR BE from 68500200	457,895.45	(J)	457,895.45
LESS: Deferred Inflows	36,273,897.89	(J)	36,273,897.89
<b>Unreserved Fund Balance, 07/01/20</b>	<b>579,322,497.48</b>	(K)	<b>579,322,497.48</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

\*\* This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2021 - 2022**

<b>Department Title:</b>	<u>Agency for Health Care Administration</u>
<b>Trust Fund Title:</b>	<u>Grants and Donations Trust Fund</u>
<b>LAS/PBS Fund Number:</b>	<u>2339</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/20**

Total all GLC's 5XXXX for governmental funds;	<input type="text" value="340,078.61"/>	(A)
GLC 539XX for proprietary and fiduciary funds		

<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	<input type="text"/>	(B)
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**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description	<input type="text"/>	(C)
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SWFS Adjustment # and Description	<input type="text"/>	(C)
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**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text" value="(797,974.06)"/>	(D)
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Approved FCO Certified Forward per LAS/PBS	<input type="text"/>	(D)
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A/P not C/F-Operating Categories	<input type="text"/>	(D)
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TNFR BE to 68501400	<input type="text" value="457,895.45"/>	(D)
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<input type="text"/>	(D)
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<input type="text"/>	(D)
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<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<input type="text" value="0.00"/>	(E)
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<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<input type="text" value="0.00"/>	(F)
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<b>DIFFERENCE:</b>	<input type="text" value="0.00"/>	(G)*
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**\*SHOULD EQUAL ZERO.**

## Fund: 2474 Medical Care Trust Fund

The Medical Care Trust Fund (MCTF) was created, per s. 20.425(4), F.S., to support the activities associated with providing health care services to individuals eligible pursuant to the requirements and limitations of Title XIX (Medicaid Program) and Title XXI (Child Health Insurance Program) of the Social Security Act. The MCTF specifically funds Medicaid Services - Title XIX (Medicaid), Title XXI (CHIP), and Administration and Support's operating expenditures.

Funds are primarily derived of receipts from federal and state grants, refunds, and distributions from other departments. These include:

- US Grants (Title XIX - Medical Assistance Programs and Title XXI - State Children Health Insurance Programs);
- Medicaid Fraud & Abuse Recoupments (Federal Share);
- Medicaid Nursing Home Recoupments (Federal Share);
- Medicaid Hospital Retro-rate adjustments (Federal Share);
- Medicaid Third Party Liability Collections (Federal and Non-Federal Share); and
- General Revenue transfers from other state agencies.

### Section III Adjustments Narrative:

#### **Budget Entity 68500100**

PY A/P Not CF – Operating Categories (A01) – \$3,236,605 To Adjust unreserved fund balance and reflect the proper budgetary fund balance.	– \$3,236,605
PY Encumbrances not reserved in Fund Balance (A01) – \$(472,460) To offset prior year adjustments to unreserved fund balance for certified encumbrances to reflect the proper budgetary fund balance.	– \$(472,460)
PY Accrual Adjustment (A01) – \$(1,772,931) To account for a PY Accrual entry recorded in departmental financial records. The adjustment is accounted for in the trial balance unreserved fund balance but not included in Schedule I.	– \$(1,772,931)
PY Accrual Adjustment (A01) – \$ 510,619 – To account for a PY Accrual entry recorded in departmental financial records. The \$510,619 adjustment is accounted for in the trial balance unreserved fund balance but not included in Schedule I.	– \$510,619
SWFS Adjustment (A01) – \$ (35,827) – Due to other Departments	– \$(35,827)

**Budget Entity 68500200**

PY Encumbrances not reserved in Fund Balance (A01) – \$(6,874,872)  
To offset prior year adjustments to unreserved fund balance for  
certified encumbrances to reflect the proper budgetary fund balance. – \$(6,874,872)

PY A/P Not CF – Operating Categories (A01) – \$17,552  
To Adjust unreserved fund balance and reflect the proper budgetary  
fund balance. – \$17,552

SWFS Adjustment (A01) – \$(8,104) – Due to other Departments – \$(8,104)

SWFS Adjustment (A01) – (\$6,595,959) – Due to other Departments – \$(6,595,959)

PY Accrual Adjustment (A01) – \$36  
To account for a PY Accrual entry recorded in departmental financial  
records. The adjustment is accounted for in the trial balance  
unreserved fund balance but not included in Schedule I. – \$36

**Budget Entity 68501400**

SWFS Adjustment (A01) – \$10,822 – \$10,822

PY Accrual Adjustment (A01) – \$(62,189,124)  
To account for a PY Accrual entry recorded in departmental financial  
records. The adjustment is accounted for in the trial balance  
unreserved fund balance but not included in Schedule I. – \$(62,189,124)

SWFS Adjustment (A01) – (\$1,998,709)  
Long Term Receivables & Allowance for Uncollectable. – \$(1,998,709)

PY Encumbrance Not Reserved fund Balance. (\$5,381,862) – \$(5,381,862)

PY A/P Not CF – Operating Categories (A01) – \$1,170,371  
To Adjust unreserved fund balance and reflect the proper budgetary  
fund balance. – \$1,170,371

**Budget Entity 68501500**

PY Accrual adjustment (A01) – \$376,476  
To account for a Prior Year Accrual entry recorded in departmental  
financial records. The adjustment is accounted for in the trial balance  
unreserved fund balance but not in Schedule I A01. – \$376,476

**Revenue Estimating Methodology Narrative:**

The Social Services Estimating Conference (SSEC) for Medicaid Services forecasts the cost of the Medicaid program. The estimated costs for caseload growth, utilization, Federal Medical Assistance Percentage (FMAP), and inflation were projected based historical trends and methodologies. The last SSEC was held on March 2020, and that forecast will remain in effect until the next consensus conference convenes. Based upon the forecast of the August 2020 SSEC, the Agency's 2020-2021 Fiscal Year appropriations were set in the General Appropriations Act.

**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I**

**Agency For Health Care Administration**

List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the categories used for both the transfer in and the transfer out, and the amount of the transfer for each of the fiscal years indicated, as well as the name of the person at the other agency who confirmed the amount of the transfer and the date of the confirmation. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :** Medical Care Trust Fund - 2474

<b>Transfers In</b> <b>(Provide Agency and Fund Number Received From)</b>	<b>Transfer In Revenue Category</b>	<b>Amount FY 19-20 (A01)</b>	<b>Amount FY 20-21 (A02)</b>	<b>Amount FY 21-22 (A03)</b>	<b>Transfer Out Expenditure Category</b>	<b>Confirmed By/Date</b>
68501400 Department of Health - 2531	001500		8,403,747.00		181011	Marsha Holton 10/08/20
<b>Transfers Out (Operating and Non-Operating)</b> <b>(Provide Agency and Fund Number Transferred To)</b>	<b>Transfer Out Expenditure Category</b>				<b>Transfer In Revenue Category</b>	<b>Confirmed By/Date</b>
68500100 Department of Children & Families-60-20-2-26101	102342	4,050,918.47	4,789,383.33	4,579,986.15	001500	Diane Sunday- Did not agree
68500100 Department of Children & Families-60-20-2-26101	181353	158,259.34	181,588.43	169,923.88	001510	Diane Sunday-Did not agree
68500100 Department of Health - 2168	102342	144,534,790.96	136,745,443.00	137,220,429.00	001510	Marsha Holton A02 and A03 10/9
68500100 Department of Health - 2141	181353	11,579,899.00	11,579,899.01	11,579,899.01	001510	Marsha Holton 10/9/2020
68500200 Agency for Persons with Disabilities -2516	181011	27,217,231.00	26,740,721.84	26,978,976.32	001510	Aniseh Abou-Saeb 10/07/20
68500200 Department of Children & Families-60-20-2-02010	181011	7,026,007.00	6,434,497.36	6,730,251.92	001599	Do not Agree with A02 & A03
68500200 Department of Children & Families-60-20-2-26101	181011	117,143,666.00	117,844,636.00	120,878,234.00	001510	Diane Sunday 10/14/20
68500200 Department of Elder Affairs - 65-20-2021	181011	1,408,017.00	1,479,633.00	1,443,825.00	001599	Dot Long 10/06/20
68500200 Department of Elder Affairs - 65-20-2516	181011	12,025,719.00	17,315,549.00	16,000,100.00	001510	Liz Phillips 10/06/20
68500200 Department of Health - 2021	181011	144,605.38	696,863.55	420,734.46	001510	Marsha Holton 10/09/20
68500200 Department of Health - 2168	181011	3,870,731.00	3,337,780.00	3,365,308.00	001510	Marsha Holton 10/09/20
68500200 Department of Health - 2261	181011	1,535,895.00	2,967,365.00	2,251,630.00	001510	Marsha Holton 10/09/20
68500200						

**Fund Name and Number :**

Medical Care Trust Fund - 2474

<b>Transfers In</b> (Provide Agency and Fund Number Received From)	<b>Transfer In Revenue Category</b>	<b>Amount FY 19-20 (A01)</b>	<b>Amount FY 20-21 (A02)</b>	<b>Amount FY 21-22 (A03)</b>	<b>Transfer Out Expenditure Category</b>	<b>Confirmed By/Date</b>
Department of Health - 2352 68501400	181011	82,640.00	63,242.10	72,941.01	001510	Marsha Holton 10/09/20
Agency for Persons with Disabilities -2516 68501400	181011	42,030,797.00	41,565,218.00	41,798,077.00	001510	Per Aniseh A02 & A03 APD
Department of Health - 2168 68501400	181011	156,426,558.00			001510	Marsha Holton 10/08/20
Department of Health - 2168 68501400	181012	641,445,074.00	929,352,567.00	932,564,536.00	001510	Marsha Holton 10/08/20
Department of Health - 2261	181011	82,262,660.00	41,397,672.00	61,830,166.00	001510	Marsha Holton 10/08/20



# SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

**Budget Period: 2021 - 2022**

**Department Title:**

Agency for Health Care Administration

**Trust Fund Title:**

Medical Care Trust Fund

**Budget Entity:**

Departmental

**LAS/PBS Fund Number:**

2474

	Balance as of 6/30/2020	SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	80,226,366.76	(A)	80,226,366.76
ADD: Other Cash (See Instructions)	4,970,558.98	(B)	4,970,558.98
ADD: Investments	4,801,886.77	(C)	4,801,886.77
ADD: Outstanding Accounts Receivable	1,177,384,444.25	(D) 6,651,305.62	1,184,035,749.87
ADD: BE TNFR to 68501500	(42,488,491.18)	(E)	(42,488,491.18)
<b>Total Cash plus Accounts Receivable</b>	<b>1,224,894,765.58</b>	<b>(F) 6,651,305.62</b>	<b>1,231,546,071.20</b>
LESS: Allowances for Uncollectibles	16,257,080.13	(G)	16,257,080.13
LESS: Approved "A" Certified Forwards	709,331,930.39	(H)	709,331,930.39
Approved "B" Certified Forwards	4,284,989.63	(H)	4,284,989.63
Approved "FCO" Certified Forwards		(H)	-
LESS: Other Accounts Payable (Nonoperating)	69,010,992.09	(I) 6,640,483.67	75,651,475.76
LESS: Deferred Inflows	342,615,603.64	(I) 6,639,889.35	349,255,492.99
LESS: TNFR BE to 68501400	698,559,497.71	(J)	698,559,497.71
LESS: TNFR BE from 68500100	(624,923,348.00)	(J)	(624,923,348.00)
LESS: TNFR BE from 68500200	(73,636,150.00)	(J)	(73,636,150.00)
LESS: TNFR BE from 68501500	(42,488,491.18)	(J)	(42,488,491.18)
<b>Unreserved Fund Balance, 07/01/20</b>	<b>125,882,661.17</b>	<b>(K) (6,629,067.40)</b>	<b>119,253,593.77 **</b>

**Notes:**

\*SWFS = Statewide Financial Statement

\*\* This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2021 - 2022**

**Department Title:** Agency for Health Care Administration  
**Trust Fund Title:** Medical Care Trust Fund  
**LAS/PBS Fund Number:** 2474

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/20**  
Total all GLC's 5XXXX for governmental funds; 126,858,866.39 (A)  
GLC 539XX for proprietary and fiduciary funds

**Subtract Nonspendable Fund Balance (GLC 56XXX)** (2,960.51) (B)

**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description (6,599,340.84) (C)

SWFS Adjustment # and Description (29,726.56) (C)

**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (4,284,989.63) (D)

Approved FCO Certified Forward per LAS/PBS  (D)

A/P not C/F-Operating Categories 13,152,231.54 (D)

TNFR BE to 68501400 (656,071,006.53) (D)

TNFR BE from 68500100 624,923,348.00 (D)

TNFR BE from 68500200 73,636,150.00 (D)

TNFR BE from 68501500 (42,488,491.18) (D)

Long Term Receivables Less Allowance for Uncollectables (1,998,708.95) (D)

CF Encumbrance Adjustment (7,841,777.96) (D)

(D)

**ADJUSTED BEGINNING TRIAL BALANCE:** 119,253,593.77 (E)

**UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)** 119,253,593.77 (F)

**DIFFERENCE:** 0.00 (G)\*

**\*SHOULD EQUAL ZERO.**

## **Fund: 2565 Public Medical Assistance Trust Fund**

The Public Medical Assistance Trust Fund (PMATF) supports program activities associated with providing health care services to indigent persons. This trust fund has been exempted from the 5 percent reserve.

### **Section III Adjustments Narrative:**

SWFS Adjustment (B6800006) – \$38,669,352 – Deferred Inflows  
SWFS Adjustment (B6800006) – (\$13,857,750) – Deferred Inflows  
SWFS Adjustment (B6800009) - \$531,947 – Deferred Inflows  
PY Accrual Adjustment Anticipated Revenues (\$49,349,091)  
PY Accrual Adjustment – (\$90,000)

### **Revenue Estimating Methodology Narrative:**

This trust fund is funded by Cigarette Taxes transferred from the Department of Business and Professional Regulation (DBPR), annual assessments on net operating revenues for inpatient and outpatient services, and administrative fines for failure to pay assessments when due.

The Revenue Estimating Conference met in August 6, 2020 concerning Tobacco Tax and Surcharge revenues. The conference consented to distribute \$64.5 million in Fiscal Year 2020-2021 and \$63 million in Fiscal Year 2021-2022 to this trust fund to support estimated Medical Services expenditures.

The Social Services Estimating Conference for Medicaid Services forecasts the costs of the Medicaid program. The estimated costs for caseload growth, utilization, Federal Medical Assistance Percentage (FMAP), and inflation are projected based upon historical trends and methodologies. The last Medicaid Estimating Conference held August 6, 2020, and those forecasts will remain in effect until the next consensus conference convenes.

Section 395.701, F.S., authorizes the imposition upon each hospital an assessment in an amount equal to 1.5 percent of the annual net operating revenue for inpatient services for each hospital and 1.0 percent for outpatient services. Assessments are collected in equal quarterly amounts. An administrative fine, not to exceed \$500 per day, shall be imposed for failure to pay assessment by the first day of the calendar quarter on which it is due. The failure of a hospital to pay its assessments within 30 days after the assessment is due is grounds for the imposition of an administrative fine not to exceed \$5,000 per day.

**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I  
Agency For Health Care Administration**

List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the categories used for both the transfer in and the transfer out, and the amount of the transfer for each of the fiscal years indicated, as well as the name of the person at the other agency who confirmed the amount of the transfer and the date of the confirmation. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :** Public Medical Assistance Trust Fund - 2565

<b>Transfers In</b> (Provide Agency and Fund Number Received From)	<b>Transfer In Revenue Category</b>	<b>Amount FY 19-20 (A01)</b>	<b>Amount FY 20-21 (A02)</b>	<b>Amount FY 21-22 (A03)</b>	<b>Transfer Out Expenditure Category</b>	<b>Confirmed By/Date</b>
68501400 DBPR - 2086	001510	64,358,159.00	64,500,000.00	63,000,000.00	181109	Eric Thiele

  

<b>Transfers Out (Operating and Non-Operating)</b> (Provide Agency and Fund Number Transferred To)	<b>Transfer Out Expenditure Category</b>				<b>Transfer In Revenue Category</b>	<b>Confirmed By/Date</b>

# SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

**Budget Period: 2021 - 2022**

<b>Department Title:</b>	Agency for Health Care
<b>Trust Fund Title:</b>	Public Medical Assistance Trust Fund
<b>Budget Entity:</b>	Departmental
<b>LAS/PBS Fund Number:</b>	2565

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	129,318,163.00	(A)		129,318,163.00
ADD: Other Cash (See Instructions)	22,372,492.00	(B)		22,372,492.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	4,864,827.00	(D)		4,864,827.00
ADD: _____		(E)		0.00
<b>Total Cash plus Accounts Receivable</b>	<b>156,555,482.00</b>	(F)	<b>0.00</b>	<b>156,555,482.00</b>
LESS: Allowances for Uncollectibles		(G)		0.00
LESS: Approved "A" Certified Forwards	44,282,743.00	(H)		44,282,743.00
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
<b>Unreserved Fund Balance, 07/01/20</b>	<b>112,272,739.00</b>	(K)	<b>0.00</b>	<b>112,272,739.00</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

\*\* This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2021 - 2022**

<b>Department Title:</b>	<u>Agency for Health Care Administration</u>
<b>Trust Fund Title:</b>	<u>Public Medical Assistance Trust Fund</u>
<b>LAS/PBS Fund Number:</b>	<u>2565</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/20**

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="112,272,739.00"/> (A)
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<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	<input type="text" value="0.00"/> (B)
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**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description	<input type="text" value="0.00"/> (C)
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SWFS Adjustment # and Description	<input type="text" value="0.00"/> (C)
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**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text"/> (D)
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Approved FCO Certified Forward per LAS/PBS	<input type="text"/> (D)
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A/P not C/F-Operating Categories	<input type="text"/> (D)
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<input type="text" value="0.00"/>	(D)
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<input type="text"/>	(D)
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<input type="text"/>	(D)
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<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<input type="text" value="112,272,739.00"/> (E)
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<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<input type="text" value="112,272,739.00"/> (F)
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<b>DIFFERENCE:</b>	<input type="text" value="0.00"/> (G)*
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**\*SHOULD EQUAL ZERO.**

## **Fund: 2579 Refugee Assistance Trust Fund**

The Refugee Assistance Trust Fund (RATF) provides medical assistance to individuals eligible pursuant to the requirements and limitations of 45 Code of Federal Regulations Parts 400 and 401. This trust fund has been exempted from the 5% reserve.

### **Revenue Estimating Methodology Narrative:**

Revenue estimates for A02 and A03 are based on and provided by the Office of Refugee Resettlement (ORR-1) Cash and Medical Assistance Program. The Agency will invoice the Department of Children and Families based on these estimates.

This fund is 100 percent federally funded.

**Executive Office of the Governor  
Inter-Agency Transfers Reported on Schedule I  
Agency For Health Care Administration**

List all transfers totaling \$100,000 or more. Provide the applicable agency name and fund number, the categories used for both the transfer in and the transfer out, and the amount of the transfer for each of the fiscal years indicated, as well as the name of the person at the other agency who confirmed the amount of the transfer and the date of the confirmation. If transferred in/out to the General Revenue Fund, do not include on this form; however, on Schedule I be sure to include "To GR" or "From GR" in the description field.

**Fund Name and Number :**

Refugee Trust Fund - 2579

<b>Transfers In</b> (Provide Agency and Fund Number Received From)	<b>Transfer In Revenue Category</b>	<b>Amount</b> FY 19-20 (A01)	<b>Amount</b> FY 20-21 (A02)	<b>Amount</b> FY 21-22 (A03)	<b>Transfer Out Expenditure Category</b>	<b>Confirmed By/Date</b>
68501400 Department of Children & Families - 2261	001510	12,730,888.00	6,660,360.00	6,660,360.00	181011	Diane Sunday 10/9/20

  

<b>Transfers Out (Operating and Non-Operating)</b> (Provide Agency and Fund Number Transferred To)	<b>Transfer Out Expenditure Category</b>	<b>Amount</b> FY 19-20 (A01)	<b>Amount</b> FY 20-21 (A02)	<b>Amount</b> FY 21-22 (A03)	<b>Transfer In Revenue Category</b>	<b>Confirmed By/Date</b>



## SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

<b>Budget Period:</b> 2021 - 2022	Agency for Health Care Administration
<b>Department Title:</b>	Refugee Assistance Trust Fund
<b>Trust Fund Title:</b>	Departmental
<b>Budget Entity:</b>	2579
<b>LAS/PBS Fund Number:</b>	

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance
<b>Chief Financial Officer's (CFO) Cash Balance</b>	2,625,945.75	(A)		2,625,945.75
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	5,799,526.58	(D)		5,799,526.58
ADD: _____		(E)		0.00
<b>Total Cash plus Accounts Receivable</b>	<b>8,425,472.33</b>	(F)	<b>0.00</b>	<b>8,425,472.33</b>
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	3,820,983.08	(H)		3,820,983.08
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
<b>Unreserved Fund Balance, 07/01/20</b>	<b>4,604,489.25</b>	(K)	<b>0.00</b>	<b>4,604,489.25</b> **

**Notes:**

\*SWFS = Statewide Financial Statement

\*\* This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.

**RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC**

**Budget Period: 2021 - 2022**

<b>Department Title:</b>	<u>Agency for Health Care Administration</u>
<b>Trust Fund Title:</b>	<u>Refugee Assistance Trust Fund</u>
<b>LAS/PBS Fund Number:</b>	<u>2579</u>

**BEGINNING TRIAL BALANCE:**

**Total Fund Balance Per FLAIR Trial Balance, 07/01/20**

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="4,604,489.25"/> (A)
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<b>Subtract Nonspendable Fund Balance (GLC 56XXX)</b>	<input type="text"/> (B)
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**Add/Subtract Statewide Financial Statement (SWFS) Adjustments :**

SWFS Adjustment # and Description	<input type="text"/> (C)
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SWFS Adjustment # and Description	<input type="text"/> (C)
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**Add/Subtract Other Adjustment(s):**

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text"/> (D)
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Approved FCO Certified Forward per LAS/PBS	<input type="text"/> (D)
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A/P not C/F-Operating Categories	<input type="text"/> (D)
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<input type="text"/> (D)
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<input type="text"/> (D)
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<input type="text"/> (D)
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<b>ADJUSTED BEGINNING TRIAL BALANCE:</b>	<input type="text" value="4,604,489.25"/> (E)
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<b>UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)</b>	<input type="text" value="4,604,489.25"/> (F)
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<b>DIFFERENCE:</b>	<input type="text" value="0.00"/> (G)*
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**\*SHOULD EQUAL ZERO.**